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VOLUME VII.

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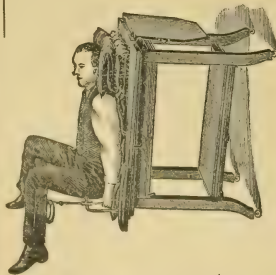
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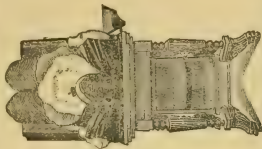
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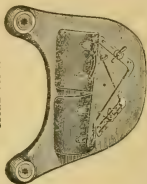
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FIG. 4.

FIG. 1.

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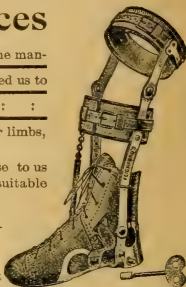
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The Charlotte Medical Journal.

VOL. VII.

CHARLOTTE, N. C., JULY, 1895.

No. 1.

Notes on Acute Appendicitis in Women with Special Reference to the Differential Diagnosis.

By HIRAM N. VINEBERG, M. D., Attending Gynecologist to the Mount Sinai Hospital Dispensary and to the Montefiore Home for Chronic Invalids;
Fellow of the New York Obstetrical Society, etc., etc.

Written for the Charlotte Medical Journal.

The larger the experience we gain in appendicitis, irrespective of sex, the more do we learn of its protean clinical aspect. We have learned, unfortunately, for our ease of mind, that it, like most other morbid processes, does not always present any one symptom or sign which is characteristic. In other words it has no pathognomonic sign or symptom. In many cases the diagnosis must be built up on a foundation of probabilities. The McBurney point is no longer claimed, even by its author, as a safe and reliable finger post. It is often absent, or to be more accurate, it is impossible to determine which point is the most sensitive in an abdomen that is exquisitely tender everywhere from the attendant peritonitis. In women we have additional difficulties to cope with in the matter of diagnosis. Inflammation of the uterine appendages may at times present a clinical picture difficult to distinguish from that produced by inflammation of the vermiform process.

It will be the object of this paper, by relating a few illustrative cases, to emphasize this point—a point which, if our memory serves us right, has not as yet been prominently brought before the profession.

Case 1.—Miss J. had partaken of a hearty meal composed of herring and other articles of food difficult of digestion, at 8 p. m. on Nov. 27th, 1892. During that night she had colicky pains radiating from the epigastrium. In the morning she took a tumblerful of Hunjadi water, which produced several watery stools during the day. Still the pain in the abdomen continued with the same severity. I saw her Nov. 28th at 6 p. m. She was in bed complaining very much of the pain all over the abdomen. The abdomen was rigid, rather tender, but not distended. No special point of greater tenderness could be elicited. Pulse was 102, small and wiry; temperature 103°. Ordered turpentine stupes to the abdomen, and small doses of opium and spirits of chloroform internally. Nov. 29th, pain no better; temperature 101°; pulse 104. To have oil ricini, ounce and a half.

Nov. 30, had a large copious stool after the oil and felt considerably

relieved. Has had very much pain all of this day. Temperature 100° ; pulse 116; abdomen slightly distended. A bimanual examination per vaginam and rectum was rather unsatisfactory owing to the rigidity and tenderness of the abdomen. No mass could be felt at either side of the uterus. No mass or marked tenderness in the area of McBurney's point.

Dec. 1st, temperature 102° ; pulse 120. Pain is most severe in right lower quadrant of the abdomen. This area of the abdomen is more tender than the remaining parts, but no one point shows greater sensitiveness than the other. Certainly McBurney's point is no more tender than numerous other areas. A bimanual examination shows a torn cervix, (patient had a premature delivery at the sixth month, some months before,) and the uterus in forward position and freely movable. There is moderate sensitiveness over the right tube and ovary, and the tube seems slightly thickened. But the elongated mass, about the size of one's finger, might just as well be a prolapsed and adherent vermiform appendix. Was seen now in consultation by a very prominent surgeon. The diagnosis was considered to lie between appendicitis and salpingitis of the right tube. There being no urgent symptoms, and the diagnosis being uncertain, it was decided to continue with the palliative treatment and rest in bed.

Dec. 3d, temperature has ranged from 99.3 to 100.5. The menses set in this A. M., and was unattended with pain.

Dec. 8th, temperature 99° to 100.3° . Has been having more or less pain which, however, is kept in abeyance by small doses of opium regularly administered. Still flowing, the flow being more profuse than is usual with her. On bimanual examination some fulness in Douglas' space is made out. This fulness extends somewhat to the right of the uterus.

Dec. 22, temperature has ranged from 99° to 100° . Patient still in bed and is not free from pain when the opium is discontinued. Seen again by the surgeon in consultation. A diagnosis cannot be made with any greater degree of certainty. He is more inclined to the diagnosis of appendicitis, while I am more in favor of right sided salpingitis.

January 8th, 1893, allowed out of bed for the first time. Temperature has ranged from 99° to 99.8° . She cannot stand up erect on account of pain in the right side of the abdomen. No mass to be felt through the abdominal wall. On bimanual examination an elongated mass resembling a thickened tube can be felt pretty high in the pelvis and apparently running from the right horn of the uterus.

January 14th. Latterly has been having higher temperature, 100° to 101° , (rectum). Has been flowing about ten days and rather profusely. She is not entirely free from pain. It was decided by the surgeon and myself to make a thorough examination under narcosis. Accordingly the patient was narcotised and an examination made. We made out the same mass on the right side of the uterus but thought it rather high up in the abdomen for a thickened tube. Still we could not be certain whether

it was a thickened appendix or an exudation about the cœcum. From this on the patient gradually improved, and on February 13th was allowed to take a walk.

May 23d. Has slight pain at times on exertion, otherwise in good health. Right tube can be distinctly felt, the size of a lead pencil. Uterus in good position. The patient has been under my observation until the present time. She has remained perfectly well, entirely free from pain and menstrual disorders.

REMARKS.—Here was a patient who, after an indiscretion in diet, was suddenly seized with pain in the right side of the abdomen. This was followed by fever and symptoms of general peritonitis. Repeated examinations by a surgeon who is known for his skill as a diagnostician and for his vast experience, do not determine satisfactorily whether it be appendicitis or salpingitis. Even an examination under narcosis after the patient has been under close and careful observation for weeks does not remove the uncertainty in diagnosis. The writer, of course, holds as he held from the first, that the affection was salpingitis, but he fully appreciates the absence of the crucial test, an abdominal coeliotomy of the correctness of this view. Fortunately for the patient she got well without giving us an opportunity of applying this test. The case, however, forcibly illustrates the difficulties encountered in the differential diagnosis between salpingitis and appendicitis in woman.

It may be said what difference does it make, for both affections must be treated on general principles. But they can not, or ought not, to be treated on the same principles. In my opinion, and I think it is the one being shared by most operators, when you have made an undoubted diagnosis of appendicitis, operative interference is called for at once. It is true that in certain cases some gain may be achieved by waiting for operative interference until the acute symptoms have subsided. But to my mind the gain thus won is more than offset by the risks and dangers to which the patient is exposed. We have no clinical sign as yet that tells us the exact pathological process going on within the appendix. The clinical symptoms may be running a favorable course when all the time an ulcerative process is making rapid progress to break down the thin barrier between the virulent contents of the appendix and the general peritoneal cavity. When it has done this, and in ordinary parlance "a perforation" has taken place our patient suddenly passes into a dangerous condition of collapse from which he or she may not rally even if prompt surgical aid be at hand. Should the collapse be rallied from the future course will depend upon whether adhesions have formed or not. In the absence of these limiting adhesions general purulent peritonitis will in all probability develop, and the prognosis of this condition, as we all know, is grave in the extreme. It seems to the writer, therefore, that in the

future it will not be so much a question of "an early," "late" or "timely" operation in appendicitis as it will be one of certainty in diagnosis. On the other hand, in acute salpingitis, it is a good principle to wait until all the acute symptoms have subsided.

Further, when the disease (salpingitis) has run its course it may never give any further trouble, and operative interference may not be demanded at any time. It is now two years since our patient had her attack and she has been entirely free from symptoms during this period. She may go through life without any further trouble from her right tube.

Case II.—This patient, a relative, was living in the same house as the writer, and consequently was very closely observed. She was 28 years of age, had been married five years. Had two children and one premature delivery four years ago. After the premature birth had some fever for about ten days, the cause of which was doubtful. There was no exudation in the pelvis; no fetid lochiæ, and as the patient was in excellent general condition it was assumed that she had a slight attack of puerperal sapræmia. She had to be catheterized for some days after delivery, and as a result of carelessness on the part of the nurse had a moderately severe cystitis, which took several weeks to disappear entirely. She made a good recovery, however, and was in the enjoyment of good health until Dec. 17th, 1893, when she was suddenly seized with pain in the left hypochondrium and with vomiting. I saw her at 8 P. M. The abdomen was then flaccid. No points of tenderness at any point. Temperature 99; pulse 90.

Dec. 18th. Had pain all night; several chills. The abdomen is moderately distended and universally tender. On bimanual examination per rectum and vaginam think that I can feel an ill defined mass near the left horn of the uterus. But the abdomen is so tender and rigid that a satisfactory examination is impossible. Temperature 103°; pulse 130.

Nine P. M. Temperature 103.3°; pulse 132, small and wiry. Midnight, temperature 103°; pulse 144. Patient very restless. If the pain were on the right side instead of the left, the suspicion of appendicitis would be very strong. The diagnosis of left salpingitis, with general peritonitis, was made.

Dec. 19th, 8 A. M. Temperature 100°; pulse 108. 11 A. M. Temperature 103°; pulse 132. 5 P. M. Temperature 104°; pulse 132. Seen in consultation by Dr. F. Lange, who, after a careful and thorough examination, could not make a definite diagnosis. The pain being situated in the left hypochondrium, and thinking he could make out some enlargement of the left kidney, Dr. Lange suspected suppuration in the pelvis of the left kidney. Though recognizing the obscurity of the case, the writer still adhered to the diagnosis of salpingitis. The abdomen was now greatly distended and a bimanual examination was unreliable in the extreme.

Opium in small doses was ordered and cold water compresses applied to the abdomen.

Dec. 21. Temperature has ranged from 100.4 to 104° ; pulse 108 to 132. For the last twelve hours the pain has moderated and the distension of the abdomen gone down considerably.

From this on the patient gradually convalesced, and in the course of three weeks was enabled to leave her bed. When the abdomen again became quite flaccid, on bimanual examination the left tube was found to be of the thickness of one's little finger. A prolonged course of treatment with ichthyol, hot baths, pelvic massage and bipolar vaginal faradization has cured the patient to the extent that she is free from pain except after some unusual exertion. The tube now is about the thickness of a lead pencil, and is moderately sensitive. The right tube and ovary are normal.

REMARKS.—In this case as in the former the disease was ushered in by symptoms common to acute appendicitis. The situation of the pain in the left hypochondrium was misleading and led the surgeon called in consultation to suspect kidney trouble. While the seat of pain often affords a clue as to the organ affected it not infrequently happens that as a guide it is very deceptive, and may lead to a wrong conclusion. The writer reported a case* of ectopic gestation in which the first seizure of pain resembled in its location and character that caused by a urinary calculus passing down the ureter and was treated as such by the family physician.

Case III.—*Acute Appendicitis followed by Pelvic Abscess.*

Miss S., æt 25, was suddenly taken ill on the night of April 8th, 1895, with severe abdominal pains of a colicky nature. She applied household remedies during the night and obtained some relief. Next morning she dressed and went as usual to her place of business, but had to return in a couple of hours on account of the abdominal pain and a feeling of illness generally.

I saw her April 9th, 5 p. m. I learned in addition to what has gone before the following:

She had had an attack of abdominal pain four years ago, laying her up in bed for a few days. She had some fever during the attack. A year later she had another similar attack, but of much greater severity, being confined to her bed for about a week and to the house for four weeks longer. She had a great deal of pain in the abdomen and considerable fever. Her physician told her that she had an attack of "nerven fieber" (nerve fever). Since then she has had more or less backache and pain in both groins, the pain extending down the thighs and being increased by exercise. She had been since then, at various times, under treatment for "womb trouble."

*New York Medical Journal, March 23d, 1895.

At the time of my visit her temperature was 102.5° (mouth); pulse 90, small and irregular. The tongue was slightly coated, the abdomen moderately distended but exquisitely tender everywhere. On careful palpation of the abdomen, a point of greater resistance was found midway between the right anterior superior iliac process and the umbilicus. No tumor or exudate, however, could be made out at this point. Palpation of the appendix in accordance with the rules laid down by Edebohls was attempted, but with no decided result. Bimanual palpation through rectum and vagina was only fairly satisfactory. The uterus was found in anteversion and freely movable. No decided thickening nor enlargement of the tubes and ovaries was found. The diagnosis of recurrent appendicitis was made. The two former acute attacks being looked upon as those of appendicitis.

On the next day (April 10th) at 2 P. M., the symptoms not improving and the abdomen growing more distended, I performed appendicectomy by a lateral *cœliotomy*. After the patient was anesthetized I again examined her bimanually and could not determine anything abnormal with the uterus nor the adnexa. The appendix was found, after some difficulty, behind the head of the colon and running downwards in the pelvis. It was very much distended, was about the size of one's index finger, and had an angry appearance. The meso-appendix was considerably thickened. There were no adhesions. The peritoneum covering the small intestines presented a deep purplish appearance and was highly injected. Through the lateral incision I could easily palpate the right adnexa, and found them normal. My finger could not reach the adnexa on the left side. The abdominal incision was closed in the usual way, the different layers separately by continuous catgut, the skin by interrupted silk sutures. The removed appendix on being laid open was found to be filled with feces and a greenish fluid. There was a small ulceration the size of a split pea situated in the centre of the apex. It had eaten through the mucosa and involved a part of the muscular layer.

The fever fell at once and only once, on the fourth day, reached 101° (rectum), for about twelve hours. Apart from this the temperature was below 100° . The pain entirely disappeared, the abdomen grew flaccid, and the patient had a good stool on April 13th. The wound united by primary intention throughout. On April 19th (nine days after the operation), she began to have pain in the left groin and had some fever, 100° to 100.6° .

April 26th. Has been sitting up in a chair for a few hours for the past two days. Temperature has ranged from 99.4 to 100.2° . Has had more or less paroxysmal pain in the left groin, which she attributes to the passage of flatus and from which she obtains relief after an enema. The abdomen everywhere flaccid and non-sensitive. In order to determine the cause of the slight elevation of temperature, and of the pain, I made a

careful bimanual examination, and to my surprise found an ill defined exudate to the left of the uterus, which was slightly crowded over to the right side. Right parametrium was free and not tender on pressure. The patient was now strictly kept in bed and appropriate treatment applied.

May 9th. Evening temperature has been ranging from 101° to 102°. Morning temperature seldom above 100°; no chills nor chilly sensations. Paroxysmal pains continue in spite of opiates. General condition good. The exudate to the left and back of the uterus fairly well defined and about the size of a hen's egg. An indistinct sense of deep fluctuation can be made out.

May 10th. After carefully disinfecting the vagina, passed an aspirating needle through the vaginal vault into the mass and withdrew pus. Then made a free vaginal incision and gave exit to about eight ounces of thick grayish yellow pus. I kept the vaginal incision open for ten days, but there was no further discharge of pus.

May 26th. Has been free of pain and fever until two days ago. Since when has had some pain in the right groin and has had an evening temperature of 100 to 101°. A small mass about the size of a hickory nut can be made out at the right horn of the uterus.

June 2d. The pain in the right groin has been growing less and has almost entirely disappeared. The temperature for the past three days has been below 100° in the evening. The mass in the right side has perceptibly decreased in size, but there is still an ill-defined thickening behind, and at both sides of the uterus. It is my intention to keep the patient in bed for two weeks longer, or until all pain and fever have disappeared. After she is up and about, and if there should be a recurrence of the pain and fever, a radical operation, either through the vagina or abdomen, will need to be entertained.

REMARKS.—The interesting and puzzling feature in the case is that after an almost afebrile convalescence from the appendicectomy, a local suppurating lesion should develop deep in the pelvis and on the left side, a point furthest away from the seat of the original trouble. Three leading specialists saw the case in consultation at different times. One thought the local abscess was the result of the general inflammation of the peritoneum attending the appendicitis. That after the general peritonitis subsided some of the germs were still active, accentuating a localized peritonitis which ended in suppuration. Another held that the patient would not have recovered with a closed abdomen if there had been a general septic peritonitis severe enough to form a local suppurating lesion. He did not, however, venture an explanation of the event that had occurred. The third held that the pelvic abscess following the appendicectomy was merely a coincidence, which, by the way, was the easiest way out of the difficulty.

A careful study of the case by the writer has led him to a different conclusion to that entertained by the three distinguished gentlemen. At the time of the operation the patient had a profuse purulent discharge from the vagina, which she stated she had had to a greater or less degree for some time past. Owing to the urgency of the case in another direction, no great attention was paid to this. It continued after the operation and gradually decreased under antiseptic vaginal douches. The writer has some grounds for suspecting the chastity of the patient, and is inclined to look upon the discharge as of gonorrhœal origin. This he thinks infected the uterus and subsequently the tube, forming a pyosalpinx. It is true it had not the physical signs of a pus tube, but we all know how unreliable physical signs often are in pelvic lesions. It is strange also that with the patient in bed, and getting twice daily vaginal germicidal douches, the infection should, nevertheless, travel upwards so rapidly. But gonorrhœal infection, as we all know, is only too prone to play all sorts of pranks and is as protean in its march and progress as it is in the lesions it produces. The subsequent involvement of the right tube would argue in favor of the writer's views.

A pelvic abscess, the result of a localized peritonitis, after being freely opened and well drained, would not be likely to set up a salpingitis of the opposite tube. The crucial test of a bacteriological examination of the vaginal discharge, and then of the pus evacuated, is unfortunately wanting. But the busy operator in this country has seldom the time nor the opportunity to carry out these examinations in his private work. He has, for the most part, to depend upon clinical evidence which, even in these days of bacteriological investigations, is not to be despised.

The case is of further interest in that it teaches us the important lesson that in woman, no matter what the original trouble may be, in the event of things not progressing favorably, the pelvic organs should be thoroughly interrogated from time to time.

GENERAL REMARKS.

We have seen in cases I. and II. how an attack of salpingitis may closely resemble an attack of appendicitis, and how difficult it is at times to differentiate them. If exception be taken to case I. that the diagnosis must still be considered in doubt, it at least forcibly illustrates the point under discussion. No such exception can be taken to case II. It was an unmistakable attack of acute salpingitis, but presenting in its onset and course for the first three days exactly the same train of symptoms witnessed frequently in acute appendicitis. The point which the writer wishes to bring out particularly is that acute salpingitis may be attended, within a day or two after its onset, with general peritonitis, which naturally cannot be distinguished from that caused by appendicitis, excepting that in the latter the march is frequently more rapid and the form more virulent. The recent text books on gynecology say very little on this topic.

Dr. W. G. Wylie, in his article on salpingitis, in the American System of Gynecology (Vol. II, p. 916,) remarks: "Acute salpingitis is so frequently associated with uterine disease that a diagnosis is not always easily made. Perhaps the most reliable indication of severe salpingitis is the occurrence of repeated attacks of local peritonitis, but during the acute stage, an attack of acute metritis, when the uterus is enlarged, so closely simulates *local* (italics are mine) peritonitis that time alone enables one to make a clear diagnosis."

Polk, in his classical paper on Inflammation of the Female Genital organs in Keating & Coe's Clinical Gynecology (p. 356), states that in the acute catarrhal salpingitis, resulting from the suppression of the menses, there may be considerable constitutional disturbances, the symptoms being those of pelvic peritonitis. No mention is made of general peritonitis as an accompaniment of acute salpingitis.

Garrigues in his recent text book on "Diseases of Women" (p. 503), describes in a concise and graphic manner the various varieties of salpingitis, but gives us no such clinical picture as afforded by our two cases.

In the American Text Book of Gynecology (p. 464), it is stated that acute salpingitis is usually attended with such mild symptoms that the attack is in almost every instance passed over without notice.

In Pozzi's Treatise (Vol. II., p. 7), the symptoms of acute salpingitis scarcely receives any mention.

What are the differential points of diagnosis? Each case has to be studied on its own merits, and in each case the possibility of salpingitis must be kept in mind. In some cases the thickened appendix may be palpated through the abdominal wall.

Dr. Edebohls, who has given this matter considerable attention, claims to be able to palpate not only the thickened, but also the normal appendix, particularly in women in whom the abdomen is less rigid than in men. The feasibility of doing this in a large proportion of cases I have demonstrated to my own personal satisfaction. In acute cases, however, when the abdomen is very much distended and sensitive, I have only occasionally been successful.

In palpating for the appendix it is well to follow the lines laid down by Edebohls. The fingers of one hand are carried down deeply through the abdominal wall until the pulsation of the iliac arteries are distinctly felt. The fingers are now made to glide in an outward direction towards the anterior superior spurious process, so that the structures underneath are successively palpated. The enlarged appendix will be felt as a thickened cord of variable dimensions, and it is felt just before the fingers glide over the thickened colon.

"After the appendix is detected it is well to pass the fingers over it a number of times in succession. A more correct impression of its size, outlines, etc., is thus obtained." If a reasonable doubt should still exist,

an examination under narcosis should be made. In this examination one should have no difficulty, by palpation, in detecting any enlargement or thickening of the appendix. The uterus and adnexa should also be carefully and thoroughly examined by the combined method, i. e., with one hand on the abdomen and with the index and middle fingers of the other hand introduced respectively in the vagina and rectum. Even when the diagnosis of appendicitis is quite clear it is always wise, after the patient has been anæsthetized preparatory to operation, to make a thorough pelvic examination, as just outlined.

The writer feels that by the mere act of drawing the attention of the profession to the close similarity between acute appendicitis and acute salpingitis he has taken a step which, in many cases, will avoid error in diagnosis. In other cases, when the difficulties are greater, the points hinted at in the paper will materially aid in arriving at a correct conclusion.

127 East 61st Street.

HELP THE BABIES.

Being Remarks on Gastro-Enteritis and Dysenteric Diarrhœa.

By J. LINDSAY PORTEOUS, M. D., F. R. C. S. Ed., Physician to St. Joseph's Hospital, Yonkers, N. Y.

Written expressly for this Journal.

Hot weather will soon be upon us and the wail of the mother will be heard in the land.

In this country mothers dread the "second summer." Is this mere "old woman's talk," or is there any good reason for it? We think there is. Why? because as a rule, the child is undergoing the process of weaning, or the terrible ordeal of teething has begun. This holds good whether the child is nursed by the mother or is bottle fed. The latter runs more risks than the former, because the milk given to the baby may be from cows which have eaten, along with their grass, some weeds which favor fermentation, or a mere trace of sour milk, or other food introduced into the bottle may set up fermentation and render the whole of the contents deleterious, or for laziness, or other reason, the nurse may allow the milk to lie all night at a gentle heat in a food warmer, thus favoring fermentation.

In hot climates we know that choleraic diarrhœa is most fatal, the reason of this is, that hot climates rapidly produce decomposition, and decomposed food is certain to cause gastro-intestinal troubles. It matters little to us whether the disease is caused by ptomaines or other liquid products of bacteria, or by the products of the lactic and butyric fermentations, so long as it initiates the child's gastro-intestinal mucous membrane, and ought to be corrected.

The death roll from gastro-enteritis in New York city, according to Dr. Lewis Smith, is appalling, reaching the height of 1,500 annually. The names given to the forms of diarrhœa, are legion and confusing, and answer no good purpose. For instance, dysenteric diarrhœa, simple diarrhœa, non-inflammatory diarrhœa, inflammatory diarrhœa, choleraic diarrhœa, cholera infantum, entero-colitis, etc. We venture to express the opinion that so many names are unwarranted, either from clinical experience or from what is observed in autopsies.

No doubt many people rejoice in baby's ailment having a lengthy appellation, and sad to say, physicians are to be found, in this fair land, to cater to the morbid taste. The majority of those terms are merely expressive of the various degrees of severity, acuteness or extent of the symptoms and lesions.

Cheadle suggests two kinds of this disease as quite sufficient for all practical use. Those are :

1. Gastro-enteritis
2. Dysenteric diarrhœa.

The first is essentially a food disorder ; the second, a specific, febrile disease, characterized by inflammation of the mucous coat and glands of the large intestines, accompanied by diarrhœa and tenesmus (Taylor).

Let us now, briefly in detail, examine into the symptoms, complications and treatment of gastro-enteritis. Probably at first there is only moderate diarrhœa, say four or five movements in 24 hours. At first of a yellow color, then becoming green, of a consistence of chopped spinach, most offensive and having an acid re-action. The thermometer reveals a rise in temperature, the child is fretful, the little thighs are flexed on the abdomen, indicating more or less pain, or stomach-ache. The sufferer cries or even screams at intervals. The peculiar intermittent scream is typical and most pitiful to listen to. The pale lips for the first day or two indicate nausea, which is followed by vomiting of sour-smelling, curdled undigested food. This is not always, however, the order in which the symptoms are ushered in, as in very severe cases the vomiting commences simultaneously with the purging, and not even water is retained. As time goes on the bowels may move several times in an hour, gradually becoming colourless and more serous. When such are the symptoms death may occur within 48 hours.

The constant draining off of food soon shows its pernicious effects on the child. It becomes shrunk in appearance, the cheek bones become prominent, the breast bone and ribs become very visible, and the fontanelle depressed. Many such cases are recorded, erroneously as "marasmus." The rapid loss of fat and plumpness of the healthy infant, are very characteristic, and the once ruddy, healthy face resembles the ghastly death's head. Soon the eyes look dull, and pus oozes from between the lids. A glance at the sleeping child shows that, although asleep, the eyes are

wholly or partially open as is also the mouth. Extreme muscular weakness is responsible for this condition, as all tone and contractile power is lost to the orbicularis palpebrarum and orbicularis oris. The once fretful, fidgety, restless infant lies quiet, still and exhausted. It takes no notice of its surroundings, and seems dazed. Pallor is marked, caused by the want of red corpuscles which the continuous drain has produced.

The failing circulation and deficiency of hæmaglobin and the absence of combustible food favor a cold, clamminess of the surface. This acts on the temperature by depressing it, at the same time the pulse may rise to 160 or higher. The once coated tongue is not only red on the tip and margin, but all over the surface. Then death may supervene. Such are the symptoms of this fatal infantile disease, at once the mother's dread and the physician's *bête noire*.

Complications may now arise if the child lives long enough. The most common are Hypostatic Pneumonia and Psuedo-Hydrocephalus. In the latter complication the most prominent symptoms are, drowsiness, almost to insensibility, the pupils respond no longer to light, and exhaustion, or convulsions end the little ones sufferings. We must be very cautious in our prognosis of this disease, as we have seen a child in a fair way of recovery suddenly collapse, from no apparent cause.

If we are unfortunate enough to lose our patient, and have the opportunity to make an autopsy we would probably find thickening of the mucous membrane, with swelling and infiltration, a large quantity of mucus coating the surface, which would be soft and perhaps dotted with ulcers. The hyperæmic condition of the mucus membrane which we would expect to find, and which certainly is always present ante-mortem, may not appear so pronounced as we expected to find it. The reason of this is that the vessels may have become considerably emptied from the constriction in rigor mortis. The brain will be found to be excessively anæmic, hence the symptoms of hydrocephalus.

We will now consider the second kind of infantile diarrhœa, namely, Dysenteric Diarrhœa. In children this disease is usually the "result of a definite chill, producing a catarrhal inflammation of the large intestines, similar to that of the bronchi in bronchitis" (Cheadle). This disease is ushered in by some disorder of the alimentary canal, such as dyspepsia, the tongue is coated and the bowels are constipated and relaxed alternately. Following these symptoms, rigors, with marked rise of temperature appear, along with griping pains in the abdomen. All these symptoms, however, can be seen in other disorders, so we cannot pronounce positively what the disease is, till the characteristic fœcal discharge shows itself.

The irritated condition of the bowels causes increased peristaltic action and consequently the evacuations at the outset are ejected with considerable force. There seems to be a certain order in which the different

kinds of discharges come. At first usually the ordinary contents of rectum, then come scybala, coated with mucus, then there are mucus discharges, then blood appears, then a slimy substance of a very pale yellow or cream color, having a very offensive odor, filled with air-bubbles and named "fermenting stools." Still another change takes place in the motions, they look like jelly, and contain pus, blood, cylindrical epithelium, and many dead patches of mucous membrane. The griping and heat and pain around anus are almost unbearable, and are accompanied by tormina, borborygmi and tympanitis. Added to other torments are vomiting and cramps in bowels. There would seem also to be considerable irritation in the bladder, causing frequent micturition, the amount voided seems to be diminished, and dependent upon the urgency of the vomiting and diarrhœa. As in the other form, the pulse is quickened, and the skin dry and hot. Pallor and a pinched appearance of the features increase as the disease progresses.

Notwithstanding all these symptoms there is seldom any delirium. Death is often preceded by an amelioration of the symptoms, and even when we feel relieved by an apparent "turn for the better," the pulse suddenly becomes rapid and the little patient sinks from exhaustion. Fortunately sometimes a brighter termination to this dire disease comes to pass. After from three or four to ten days, the stools are less frequent and contain more bile, the griping and other bad symptoms decrease and strength gradually returns. There is still one more termination to this disorder, namely: chronic dysentery, a most distressing disease. The symptoms are the same as in the acute form, but not so severe, but in addition, there is localized abdominal tenderness, principally in the large gut. Palpation may reveal a decided thickness. The tongue also is particularly red and glazed. Flesh is gradually lost and anæmia sets in. This may be accompanied with hypochondriam, irritability, or even indifference to recovery.

Such are the symptoms of this most fatal and painful malady so much dreaded in low-lying, marshy countries.

Let us now see what can be done to relieve the little infant suffering from Gastro-Enteritis: First of all we must clear the *primæ-viæ* by some mild, soothing but effective cathartic. When this has been accomplished, we must endeavor to stop the diarrhœa. How is this to be done? Knowing that certain articles of diet may have caused fermentation and acidity, or caused irritation from lying in the stomach or intestines undigested, we must *immediately* stop those articles.

If there is acidity caused by fermentation, neutralize it. Then soothe the irritability of the stomach and intestines, at the same time checking excessive peristalsis. Strength must be sustained and the great loss of fluid through the excessive liquid drain, must be made good by the means of partially pre-digested food. The circulation being depressed and the

heat production diminished, means must be taken to restore them by stimulants and external warmth.

The question is how are these ends to be accomplished? If the cow's milk is the cause, stop it. The same may be said of other food which may be the cause. Beware, however, of starvation diet, such as barley water, veal broth, gelatine, &c., except, perhaps, for a few hours. As the disease tends to death from exhaustion, our object is to give nutriment which the child will retain on its stomach, and at the same time nourish it. If the child is still nursing, obtain a good healthy wet-nurse. Sometimes the child will not or cannot take the breast, then draw off the milk and give it by a teaspoon. A good substitute for human milk is ass's milk. According to Cheadle bread jelly, with some peptonised milk added, is an excellent diet. Particular care must be taken to give the patient the food in small quantities and often; say, one or two teaspoonfuls every hour or half-hour.

When we are certain that vomiting is stopped we may give a teaspoonful of raw beef juice in the proportion of two ounces of lean beef to a cupful of cold water. Allow this to stand two hours—then it is ready for use—or Valentine's or Wyeth's fluid beef may be used, the strength being one part of the fluid beef to twenty parts of water. This may be given in teaspoonful doses every two hours. When there is marked weakness, with a tendency to collapse, half a teaspoonful of good old French brandy, to every tablespoonful of food, every 2, 3 or 4 hours, will often work wonders. This amount is for a child of three months, under and over this age it must be given in proportion.

As the child improves give cream or continue the raw beef juice added to bread jelly. Cow's milk may be resumed, but it ought to be boiled immediately after it is brought into the house and covered, or it may be sterilized immediately before using. There is no use sterilizing milk and putting it away in uncovered vessels for several hours.

Supposing the child has great collapse, how are we to proceed? Feed by enema—beef jelly, with brandy, a dessertspoonful to two ounces of enema—using warm bath at same time. The body temperature must be attended to, as it probably is far below the normal, so apply warm flannel or hot water bottles. If the case is extreme, hypodermic of sterilized water or saline solutions may be required and may prove beneficial.

We have hitherto talked about the diet treatment in this malady. We cannot, however, afford to ignore drugs altogether. I have found small doses of Dover's powder and Grey powder to do yeoman service when sickness is great. The diarrhœa may be checked by large doses of bismuth subnitrate every three or four hours. It may be combined with two or three drops of ipecacuanha wine and a drop or half a drop of tinct. opii. One of the most powerful antacids and astringents that we know of is prepared chalk. We generally add a little of this to the bismuth powders.

The rationale of this treatment is that bismuth soothes the alimentary track; the ipecac aids secretion and thus relieves the inflamed membrane. The opium in the Dover's powder, or the tincture, lessens the peristalsis and reflex irritability, and, in fact, to our mind, every symptom is combatted by this line of treatment.

The same treatment should be adopted in chronic vomiting and diarrhœa, but the opium (most cautiously) continued, and also the diet attended to most carefully.

Let us now see what can be done for the infant suffering from the second form of diarrhœa, namely, the Dysenteric. If there seems to be an epidemic of dysentery we must be particular to examine into the sanitary and hygienic surroundings. The water must be proved to be pure and fresh, and certainly filtered or boiled. If the disease originates in a certain district it is preferable to take the water from a higher level than the one wherein the patients live. Particular attention must be paid to the diet and avoidance of cold. Boiled milk is a good and safe diet if the child can take it. Starchy food seems to act well, such as arrowroot and corn starch.

As to drugs, we may say that we have almost a specific in ipecacuanha. The powder form is the best. Give about two grains for an infant every three or four hours, combined with this one-fortieth of a grain of opium allays the vomiting and griping. This being essentially a disease of malarial districts, small doses of Warburg's tincture may be given with excellent effect. When there is much tenesmus it may be relieved by enemata of starch and a little laudanum. A leech or cupping applied to the anus also proves of service. If the pain in the abdomen is great apply hot fermentations.

The above treatment is necessary until all signs of tenesmus and mucous stools have disappeared. I have found good results from small doses of arsenite of copper. The arsenite is an antiseptic and tonic, and the copper acts as an astringent. Dr. John Aulde, of Philadelphia, has great faith in this medicine, and we are inclined to follow in his footsteps.

The above notes on treatment are from personal observation during the past quarter of a century. They are verified by the most recent authors, and we hope may prove of use to some of the readers of the Journal.

Subcutaneous Rupture of a Tendon.

By DR. B. BECKER, Toledo, Ohio.

[Reported Expressly for this Journal.]

Was called to see C. K., laborer, 41 years of age, of rather delicate constitution. He was lying on a lounge, and informed me that two days previous, while carrying a bundle of straw on his back, and going down a

small hill hard by the street, he slipped and made a motion to prevent falling down. He succeeded in this intention, did not fall to the ground, maintained his erect position, but when he tried to walk further, the left knee joint gave way, and he fell down. He was carried to his house, where he was seen by a "doctor," who, according to the patient's statement, pronounced the condition as a severe sprain, and advised the application of hot fomentation.

Upon examination I found the following :

Severe swelling of the left knee joint. If the man tried to lift the foot and the lower part of the leg, the thigh alone was elevated, the leg and heel sliding along the couch.

The whole shape of the unbroken patella could be felt distinctly ; it was freely movable to the sides ; during the intention of the patient to lift the leg no stretching or tension of the patella could be noticed. Above the kneecap there could be felt another rather tough mass, about three-quarters of an inch in width, which was looked at as the *ruptured tendon of the quadriceps muscle*.

Above this point there was a cavity about one inch in width ; and a little further up there could be felt another rather resistant substance, the *proximal end of the ruptured tendon*.

This point was rather sensitive and so hard that it might have been taken for a partial rupture of the patella, if this bone had not been felt in its whole shape as intact.

DIAGNOSIS : Subcutaneous rupture of the quadriceps-tendon by muscular tension.

As this rupture appeared to be a total one, the dastasis more than one inch in length and not satisfactorily reducible by stretching and elevation, I advised as the proper treatment *suturing of the tendon*.

Operation the next morning, four days after the injury. There were large sugillations as low down as the middle of the leg, and a considerable quantity of effusion in the joint. Incision from the middle of the patella upwards about four inches long. After dividing the fascia, almost one-half pint of a bloody serum flew out of the joint, and coagulations of blood were found around the injured parts. After cleaning away these, and after drying up the whole wound there could be seen a total oblique rupture of the tendon of the quadriceps femoris about three-quarters of an inch above its insertion at the upper end of the patella. The rupture was rather irregular and ragged, especially at the sides of the distal end. The proximal end showed a similar ragged condition, but consisted mostly of three cartilages, situated close together, which had grown within the tendon. They were cut off with scissors and differed in size, from one-fourth to one-half inch in diameter.

After the extirpation of these cartilages, and smoothing off both ends

of the tendon, the knee joint was drained by two button holes to the inner and the outer sides of the patella; the tendon sutured by three strong cat-gut sutures; the incision closed with silkworm; the joint thoroughly rinsed with sublimate solution, 1 to 2,000; antiseptic dressing with iodoform gauze, etc., applied, and the extremity put on a splint in an inclining position.

Healing without reaction by first intention. Two weeks after the operation a dressing of plaster paris was applied, which was replaced after two more weeks by a silicate of sodium dressing, with which the patient was allowed to walk five weeks after the operation.

At the end of the sixth week the silicate of sodium dressings were removed, massage and passive motion, respectively; flexion frequently excavated.

About five months after the operation the patient was seen for the last time. Not much abnormality could be noticed in his walking, while flexion of the joint was somewhat impaired and limited to very little over an angle of ninety degrees, a condition which cannot be wondered at, because the tendon was shortened more than one inch by the operation.

That the operation as described, and suturing of the tendon was justified and indicated, was, I think, proven by the aspect of the condition of the injury during the operation. The interposed cartilages would certainly have hindered the cure, even if the diastasis would not have been so large.

If the extirpation of the named neoplasm was rational, this may, perhaps, be disputed by some, as suturing of the tendon as it was might have been sufficient. It was, however, thought advisable at the time to eliminate this weak spot from the tendon.

Of the most interest in this case is the etiology. The muscular tension, which produced the rupture of the tendon, was certainly not very strong, but rather a sudden one. The patient did not feel any pain, did not imagine any injury, and did not fall before he tried to walk. The tendon did not break off from the patella, nor was it torn out of the muscle, but obliquely ruptured in its middle, at a spot which was weakened by a neoplasm, a chondroma, which latter had resulted from chronic rheumatic arthritis, of which the man had been a sufferer for a long time, and which had served as a predisposing cause for the rupture of the quadriceps tendon by muscular tension.

The Cough of Pulmonary Tuberculosis.

By CHARLES WILSON INGRAHAM, M. D., Binghamton, N. Y.

Written for The Charlotte Medical Journal.

In studying the physiological architecture of the human body and its varied mechanism we observe three varieties of functions: (1). Vol-

untary; (2.) Semi-voluntary; (3.) Involuntary. While a majority of these functions act definitely and regularly when the system is in a normal condition, we find that some of them are manifested only in certain diseased states, and if it were possible for a person to go through life without contracting any morbid condition, he would not be aware that he was the possessor of such functions; an excellent example of this latter physiological manifestation is cough, particularly the cough of Pulmonary Tuberculosis.

Before taking up the subject proper it will be interesting to further prove by analogy that the cough of Phthisis is a true semi-voluntary function. When a surgeon is called to treat a suppurative bone disease with external discharging sinus, he does not attempt to stop the discharge and heal the sinus until he has removed the internal focus of disease; this skillfully accomplished he is in a position to obtain, and does obtain, a healthy and permanent union of the walls of the sinus and permanently checks the local process of suppuration unless some unexpected accident occurs to the patient. In the case of suppurative bone disease the force of gravity allows the discharge to escape from the disease center without any effort on the part of the patient; while in the case of a discharge from the suppurative tubercular processes in the pulmonary tissues we have an opposite condition. From the location of the latter disease it is necessary that the patient should assist the involuntary mechanism of nature in eliminating the morbid secretions. This effort which is partially under the control of the will, is therefore a *semi-voluntary function*.

In the treatment of Phthisis instead of endeavoring to suppress this function we should look at it in its true relation, and our efforts should be directed to sustain, assist and strengthen it to the highest possible degree. A true function cannot be suppressed without the expenditure of energy; without saturating the system with substances designed to paralyze the centers in the brain which control these functions.

Moreover, there would be as much logic in attempting to suppress the cough of Phthisis without removing the cause, as for the surgeon to attempt to heal the discharging sinus without first removing the suppurative center; in either case we would be opposing rather than assisting the loyal efforts of nature.

Having therefore demonstrated that cough is a functional manifestation of a pathological condition, let us spend a moment in examining the histological structure of the pulmonary air passages. Here we find that nature has anticipated the requirements that would fall upon this portion of the human anatomy, and in her wisdom has amply provided for the excretion of abnormal or foreign substances, whether they are inhaled from without or secreted from within. The whole mechanism of these delicate and sensitive tissues is replete and perfect in its equipment for the elimination of pathological substances. In the early stages of Phthisis

the cilia are the gleaners of minute particles, which when accumulated in sufficient quantity, call forth special muscular effort (by afferent stimulus) to elevate the accumulated secretion to the throat. In the later stages of Phthisis, when there is a profuse discharge from large ulcerated surfaces, the cilia are in all probability destroyed in this particular portion of the lung, although in other portions the disease if it be in an active state is invading new areas, a condition which might be termed "*sub-incipieny*," and in these latter portions the cilia are still performing their important functions.

The pulmonary involvement in tuberculosis varies widely in extent and severity, and in many instances it is impossible for the mechanism of this function (cough) to adapt itself perfectly to the condition. And so it is that this effort on the part of nature becomes distorted and perverted by controlling or superior morbid influences, and requires the most skillful and faithful treatment to remove the causes and bring its workings into harmony. In a tubercular patient who happens to be of a nervous temperament the cough will usually be wholly out of proportion to the extent of the pulmonary involvement. Various organic and functional diseases, so apt to occur as complications of the tubercular conditions, also contribute to disorganize the mechanism of coughing. When the cough is in a normal condition it accomplishes the expectoration of tubercular secretions with a minimum expenditure of energy. The various structures, the operation of which compose the function, co-operate in greater or less harmony. Such a cough accomplishes a vast amount of good and is one of the most loyal allies that can be enlisted in behalf of the unfortunate patient. A diseased cough is, therefore, one which causes an expenditure of energy entirely out of proportion to the result to be accomplished; this may be due to a great many conditions:

(1.) An abnormal action or diseased condition of the nerves, sympathetic or general, particularly those governing or controlling the function of coughing.

(2.) An abnormal viscosity of the secretions of the tubercular processes.

(3.) Lack of propulsive power of the walls of the bronchial tubes and air passages.

(4.) To the presence in an acute or chronic form of pleurisy as a complication of the tubercular disease.

(5.) Acute inflammation of the air passages, which may temporarily disarrange the mechanism, but is due to direct irritation, which properly treated soon subsides, and as the patient regains his usual strength and energy, the cough will return to its former state.

Evidence is quite conclusive that aside from pleuritic complications the function of coughing is more frequently and more persistently disar-

ranged by constitutional disorders which usually have, but which may not have originated as a result of the tubercular disease.

However, we can scarcely afford to let the diseased cough continue, as it may until we can effect changes in the constitution, or, in other words, remove the cause. We must resort to means that will give the patient a reasonable amount of relief without disturbing or disarranging other important functions, particularly digestion and assimilation.

Our object is practically the accomplishment of these several essential points in the treatment of Pulmonary Tuberculosis:

(1.) To check or control all unnecessary cough, and in this way store up force and energy which would otherwise be expended in needless and fruitless efforts.

(2.) To facilitate the excretion and expectoration of tubercular products.

One of the most valuable preparations that I have ever used for the relief of irritant cough is a mixture of Codeine Sulphate and Bromide of Ammonia. The addition of Bromide of Ammonia (which gives the full therapeutical effect of Ammonia and Bromide) assists expectoration and increases the effect of Codeine, or rather a smaller amount of Codeine will accomplish the desired results when given in conjunction with Bromide of Ammonia.

Codeine Sulphate (Mercks)..... gr. xvi.

Bromide of Ammonia..... gr. 320.

Dissolve in a qua $\mathfrak{z}$ ii, add sufficient syrup to make $\mathfrak{z}$ iv.

Dose for an adult $\mathfrak{z}$ i. from two to four times a day.

In cases accompanied with Bronchial Catarrh, or in those in which a more powerful expectorant is desired, the above prescription may be increased as follows:

Codeine Sulphate..... gr. xvi.

Bromide of Ammonia..... gr- 320

Flx. Yerba Santa..... $\mathfrak{z}$ i to $\mathfrak{z}$ ss.

Syrup Simplex.....q. s..... ad $\mathfrak{z}$ viii.

Et. Sig. $\mathfrak{z}$ ii in wine or syrup from two to four times a day.

The expectorant powers of Yerba Santa are too well known to need further comment.

Care should be taken to obtain a reliable preparation of Codeine. There are many inferior grades and many so-called preparations of Codeine that are not Codeine at all—the results obtained indicating that Morphine composes the greater part of them.

The dose of Codeine (for adults) varies for different individuals; in some one-third of a grain will give the desired relief; while in others no results are obtained until two-thirds of a grain is given at a dose. When the correct dose is found it is seldom necessary to increase beyond it.

Undoubtedly the value of Codeine lies in its power to reduce the irritation or excitability of the nerves governing the pulmonary mechan-

ism. It gives rise to no gastric disturbances and is not constipating. In susceptible cases I have observed a peculiar dullness to follow the use of Codeine, which, however, is only transient and much to be preferred to the results which so ordinarily follow the use of many other preparations for the relief of cough.

This paper would be incomplete without reference to the treatment of cough by the inhalation of steam, plain or impregnated with medicinal vapors. Steam has practically the same effect upon the congested air passages as a poultice has upon an inflamed external surface. Many times it will relieve, or assist in relieving when internal administration of remedies has utterly failed.

I have made use of several methods for the inhalation of medicated steam, but have obtained the most satisfactory results from the use of an apparatus which I shall endeavor to describe.

It consists of an ordinary steam atomizer connected to a lamp chimney, mounted upon a frame-work of suitable height. The lamp chimney is closed up by corks fitted with suitable inhaling attachments. A sponge is placed in the chimney and medicated, the steam passing into the chimney through and around the sponge becomes impregnated with the vapors of the medicine and conveys the same in a highly diluted state throughout the pulmonary areas. Either kerosene, alcohol or gas may be used to generate steam in the small brass boiler. These instruments are very simple of construction, easily managed by the patient and seldom out of order.

I have obtained very satisfactory results from a mixture of nearly equal parts of spirits turpentine, beechwood creosote, oil of peppermint and carbolic acid as a medicating liquid for the sponge. The volatile properties of these agents greatly assist the action of the steam in the radiation of the vapors.

I have not obtained good results from the administration of heated dry inhalations, as they seem to exert an unfavorable effect upon the expectoration. Raising is less easily accomplished, and aside from possible germicidal effects, inhalations of heated, dry air so far as my experience has shown, are not to be recommended in the treatment of Pulmonary Tuberculosis.

A form of cough which during the day is loose and expectoration easy, and which at night assumes an irritant form, depriving the patient of sleep, is best relieved by the administration of from one-half to one grain of opium at seven o'clock in the evening. It is seldom that the dose has to be repeated during the twenty-four hours; neither does it have to be increased beyond one grain. I have seldom known it to give rise to any unpleasant after symptoms. In many cases it improves the condition of the stomach, and the dose is not large enough to cause the slightest constipation. I have reason to believe that it exerts a distinct

retarding influence over the waste of the tissues peculiar to tuberculosis. Many cough syrups prescribed by physicians contain more opium, or its equivalent of morphine, than would be given by this method. There is not the slightest danger of a habit being formed, as there is no nervousness, nor are there any other symptoms whatever following its discontinuance.

I have had occasion to treat a great variety of coughs associated with Pulmonary Tuberculosis and have found that the above mentioned formulæ, administered with medicated steam inhalations, bring under control pathological coughs and render the condition of the patient comfortable, and in this way serve to promote recovery. They assist in storing up and maintaining energy with which we are endeavoring to supply the patient by constitutional treatment. Energy is cell-resistance; cell-resistance is vital force, and vital force is the most powerful germicide which can be arrayed against the most fatal of micro-organisms—the tubercle bacillus.

In this paper the author has refrained from touching upon the employment of mechanical means—the application of natural forces—not climatic) as the subject is an extensive one, and would come more under the heading of constitutional treatment.

That the various mechanical means, as the rest treatment, or the gymnastic treatment, can accomplish a vast amount of good in the management of cases of pulmonary tuberculosis, there can be no doubt. Such means are specially serviceable for the physician in general practice, as well as in sanatorium practice.

It is a subject that requires the most delicate and thorough consideration, because of the apparently radical different opinions that exist among observing physicians.

It has rather been the object of the author to prove that cough is a complex mechanism aggregating in its entirety a true function.

(2.) That cough requires no direct treatment unless the mechanism becomes disarranged from intra or extra-pulmonary irritation.

(3.) When the cough requires direct treatment, to indicate the simplest possible remedial application.

May 31, 1895.

EDITORS THE CHARLOTTE MEDICAL JOURNAL:

I will report a case that occurred in my practice not long since which has been very perplexing to me.

One January 24th, 1895, I was hastily called to see Dayton A., whom the messenger told me, was "crazy" and in a bad fix. After a drive of about ten miles I reached our patient, and found a man some forty years old, apparently in the very best of health. On questioning the family I found that he had been perfectly wild for several weeks, at intervals of a

few days. The day before my visit he had tried to escape from his family, and had run so much that he had completely exhausted himself, and so he was moderately quiet to-day.

When I spoke to him he looked wild and told me to tell him what I was there for. Then went off into a mumbling delirium, so that I could get nothing out of him with any sense to it. I could get no history except that he had been having severe headache for some weeks, and great smothering and oppression of breathing, and a sense of something rising up and completely enveloping him. This was all the history I could get. I gave him Bro. Am. and Soda with Chloral Hydrate in full doses every three hours; also, I gave Con. Indica in full doses, and left him with instructions to keep him as quiet as possible.

I went back in three days, and found him improved to a considerable extent in most respects; mind better, smothering less, pain about the heart, which had troubled him before, was now better. Continued same treatment as before.

I went to see him again in two days, and found him complaining of deep seated pain in the region of the fissure of Rolando, with tenderness of skin on the left side. The pain was greatly increased by pressure. His eyes were red and pupils dilated. Tongue protruded to LEFT. I could get no history of injury to the head. I gave him, in addition to the foregoing treatment, Hydrogogue Cathartic to move the bowels.

On my next visit I found him not much improved. This time his sister, "who had been visiting relatives in the west and had just returned," told me that some eight years since he had been struck on the head by a set of falling rafters from a house. This was the first evidence I could get of an injury. I now told the family that the best and almost only thing, according to my judgment, was an operation, which they agreed to have done.

At the time I operated the patient's symptoms were as follows: His feet and legs were swollen very much; his head gave him continual pain, so severe that large doses of acetanilid were necessary to relieve the suffering. Continued pain at his heart and shortness of breath. He complained of a "mist", as he expressed it, rising up over his face and head at times. His mind was clear most of the time. No appetite and condition rapidly getting worse. His sufferings were so great that he told me to operate if it offered any chance, at almost any risk. I trephined his skull just behind the coronal suture and a little to the left of the median line. On removing the skin there was well marked indentation at site of former injury. I applied the trephine; and when the button of bone came away it was found considerably thickened. The membranes were thickened to considerable extent and congested. I found no lesion of the brain substance. I then closed the wound and tried to rally my patient, which I did with the very greatest of difficulty; but finally succeeded.

He made an uneventful recovery. Temperature at no time going to 100°. The operation relieved him completely, and he has continued well for three months, for it was March 1st when I operated.

The strange thing is, a man receiving a blow on his head and give no symptoms at all for nearly eight years, and then give rise to symptoms so severe as to cause him to lose his mind completely. The aura of epilepsy and no other special symptom of that disease, for so very short a time, it may be that the thickening of the brain membranes were so very slow that not until now did they press so heavily as to give trouble.

I would be glad to hear from any one who can give light on this case in any way.

EVERETT D. PEEK, Boonville, N. C.

Chronic Bright's Disease.

By L. C. ALLEN, M. D., Hoschton, Ga.

Written expressly for this Journal.

In most of our text books we find a description of the different forms of Bright's disease that is difficult to understand; at least that was my experience when I, as a student, commenced to study the subject. A redundancy of names and descriptions is often used to such an extent as to be exceedingly confusing. We find mentioned, for instance, interstitial nephritis, tubular nephritis, small granular kidney, fatty degeneration of the kidney, renal cirrhosis, waxey, lardaceous, amyloid kidney, large kidney with waxey degeneration, large kidney without waxey degeneration, parenchymatous nephritis, simple large kidney, the red, the white and the mottled kidney, sprit kidney, gouty kidney, contracted kidney, and so on *ad infinitum*.

Such a formidable array of names, and such a prolix description as is commonly met with leads one into perplexity. Instead of getting a clear understanding of the subject, the reader is "lost and bewildered in a fruitless search."

Divesting our minds of the pathological anatomy, and as many names as we can get rid of, let us see if we cannot get a clear clinical picture of each of the different forms of this disease. Three types only are of sufficient importance to merit consideration. They are:

1. Chronic tubular nephritis.
2. Chronic interstitial nephritis.
3. Waxey kidney.

In practice these forms can usually be distinguished with little difficulty, although the different types are sometimes combined.

1. In chronic tubular nephritis the urine is scanty, high colored, containing much sediment, and usually loaded heavily with albumen. Uremic symptoms are marked—headache, impaired vision, inflammation

of mucous membranes, nausea, diarrhoea, dropsy, convulsions. The kidneys are generally large and white. This form occurs in both sexes at all ages—it is every body's disease.



L. C. ALLEN, M. D., Hoschton, Ga.

The presence of albumen in the urine is not of itself adequate proof of Bright's disease. Perhaps the majority of persons who pass albumen have no kidney disease at all. Albumen is found in the urine in moderate amount, and for brief periods of time, in the course of a great many diseases; for instance, in heart disease, in specific fevers, etc. It occurs temporarily in well people, from over exercise and other causes.

The prognosis in chronic tubular nephritis varies greatly. In some cases, the disease runs a mild course; in others, the contrary is true. Many cases under proper treatment will get well.

2. Chronic interstitial nephritis occurs mostly in men, and in the majority of cases the patients are 45 to 60 years of age. Syphilis, lead poison, gout and rheumatism are often present as causative factors. Hard brain work, and protracted worry, from the cares and anxieties incident to professional and business pursuits, often bring on this disease. In this form there is no dropsy, and instead of scanty urine, as in the first form, you here find polyuria. Sometimes the urine is so abundant as to make one suspect diabetes. The urine is clear and the specific gravity is low. There is sometimes no albumen—never very much, unless acute tubular nephritis is superadded. Uremic symptoms are not marked. A characteristic symptom is enlargement of the left ventricle of the heart, causing an increased intensity of the aortic second sound of the heart. The pulse

is hard and resistant, denoting high arterial pressure. This type is also called "the small red kidney," "the contracted kidney," "gouty kidney," and lots of other appellations. The prognosis is always bad.

3. The third form is called waxey, lardaceous, or amyloid, accordingly as you think the kidney resembles wax, lard, or starch. The main fact to remember regarding this form is, that it is a secondary disease. There is an abscess—pus—somewhere in the body; cavities in the lungs, caries or necrosis of bone, ulcers in the intestines or chronic suppuration in some part of the body. The liver and spleen are likewise usually waxey and more or less enlarged. The urine is abundant, pale, and of low specific gravity. Albumen is usually present, but variable in amount. Anasarca is usually present, but less marked than in tubular nephritis. An important point is this: Owing to the co-existing disease of the liver, hydro-peritoneum may be out of proportion to the general dropsy. The prognosis is bad. Waxey kidney is, as a rule, a fetal disease.

TREATMENT.

We shall offer here only a few suggestions regarding treatment.

In chronic tubular nephritis much can be done toward effecting a cure. The patient should, if possible, be sent to a warm climate, and I know of no better place to send these patients than Thomasville, Ga. The warm atmosphere acts kindly on the skin, dilating the capillaries, relieving internal congestion and causing the skin to lessen, to a considerable extent, the work of the kidneys. In a warm climate the patient can take an abundance of exercise in the open air, and this increases the action of the skin as well as being very beneficial to the general health. The clothing should be such as to secure uniform warmth and promote activity of the cutaneous function. The diet should be liberal, but judicious. Milk, (especially butter milk,) should be used freely. Prohibit alcohol totally, and all articles of food that are difficult of digestion. The patient must avoid exposure to the vicissitudes of the weather. The tincture of the muriate of iron should be prescribed, and some mild diuretic, preferably the acetate of potassium. Digitalis is often employed with advantage. The bowels should be kept patulous by means of hydrogogue cathartics. If uremic convulsions occur, do not use ether—it kills. Morphine hypodermically, and chloroform, are good and safe remedies.

I have recently had excellent success with Norwood's tincture of veratrum viride, using fifteen minims hypodermically at one injection. It produces distressing nausea, but this effect can be prevented in large measure by giving a hypodermic of morphia just before administering the veratrum. It stops the convulsions and relieves the patient for a time of uremic symptoms. Whenever, in the course of the disease, uremic symptoms become violent, and convulsions seem to be impending, the veratrum may be administered in the manner above mentioned, with the full

assurance of preventing the convulsions, and of giving marked relief to the symptoms. In the few cases in which I have employed it, the effect has been really wonderful. In a case now under treatment I am using it in drop doses three times a day, and it is having a happy effect.

In chronic interstitial nephritis, the iodide of potassium should be given whether syphilis is present or not. If syphilis, lead poison, gout or rheumatism be present, each should receive appropriate treatment. Hygienic measures and tonics are not to be neglected. Although a patient afflicted with this form of Bright's disease never gets well, yet in most cases life may be prolonged to some extent, and in some cases for a very long time.

For waxey kidney there is no treatment. It is a fatal disease. Such measures as are employed should be directed to the primary affection, to the amelioration, as far as possible, of the symptoms, and to the sustaining of the vital power of the patient.

Epilepsy--Treatment by Flechsig Method, and Atrophine and Bromide Method.

By SAMUEL WOLFE, A. M., M. D., Physician to Philadelphia Hospital; Neurologist to Samaritan Hospital.*

Reported Expressly for this Journal.]

B. W., aet. 14, female. She has one brother and three sisters, all younger than herself. One of the sisters, about four years younger than the patient, at about the age of six up to eight, suffered from frequent spasmodic attacks, during which the face became much flushed, the child stopping in its play, grasping something within reach, doubling herself up as if straining at stool, at the same time the urine passing, and the attack was over. There never were general convulsions, nor complete or apparently not even partial unconsciousness. The attacks finally ceased under the use of fld. ext. cimicifuga, and the girl is healthy at the age of thirteen. None of the rest of the children have exhibited any neurosis, except that all, including both the present patient and the one spoken of above, have had some nocturnal incontinence of urine. The mother of the patient has neither sisters nor brothers; the father has a sister and a brother, both of whom have children. The sister's children, seven in number, have not shown any neurosis, except migraine, with which several suffered often and severely. Both their father and mother suffer from the same affection. All the children are grown up, and two of the daughters are the mothers of healthy infants.

The children of the brother (uncle to patient), three in number, have

*Read before the Northern Medical Society of Philadelphia.

no pronounced neurosis, although two of them, boys, 12 and 14 years old, are sufficiently nervous to be regarded as almost choreic.

The father of the patient had severe but infrequent attacks of migraine when a youth, but they disappeared before he reached manhood. He is a lawyer of ability, with refined, literary tastes, and a healthy nervous system, except some inclination to insomnia, and neurasthenia. He is 47 years old. The mother is a semi-invalid from rather extensive heart lesions, is subject to neuralgia, and has had paræsthesia of upper limbs, of an hysterical character.

The uncle, 44 years old, also a very hard-working and successful professional man, borders constantly on neurasthenia, and is slightly ataxic in lower limbs. No corroborating signs of tabes, however, exist. The aunt's neurotic history is included in the statement above made relating to migraine attacks. She is 52 years old.

Three of the grand-parents are living. The maternal grand-mother, 60 years old, healthy and strong, but with decided insomnia. The paternal grand-father is a robust man at 78, with no history of any special disease in his life, except several severe, but transient attacks of rheumatism (articular). The paternal grand-mother, at 74, is lame since she was 60, being obliged to use a crutch. Her case has not been carefully investigated by the writer, but from such facts as have been obtained, it is believed to be a neuritic affection. She suffered during her whole menstrual life with migraine, and was of a gloomy, serious disposition, but not distinctly hypochondriacal or melancholy.

The maternal grand-father died some fifteen years ago, after living divorced from his wife for some years. He was a brutal alcoholic, with periodical debauches.

One of the sisters of the paternal grand-mother, (a twin sister,) still living, has an affection apparently exactly like that of the grand-mother. She too uses a crutch, on the same side (the left), but the onset was some six or eight years later than in the former case. A brother died in early manhood, having been a confirmed epileptic. Another brother died at about 50, having been a subject of alcoholism, with frequent attacks of delirium tremens. A sister, who died in old age, had melancholia of a mild type for many years. Another sister died old (beyond 60) with some cerebral disease of sudden onset (thrombus, embolism, hemorrhage). In the case of other members of the family of ten children, no neurosis is known. A son of a brother who died rather early in life, is, however, known to have had periodical attacks of epileptic insanity, of a very violent type. A daughter of a sister also had convulsive attacks frequently (probably epilepsy) and died before puberty.

Summarizing, we find, a sister with epileptiform seizures occurring from the age of six to that of eight, not curable by bromides, but yielding

to a rather uncommon remedy ; all her sisters and a brother had enuresis ; two cousins, not distinctly choreic, but with a tendency to the disease ; three cousins (females) with migraine. The father with infrequent migraine in early life, and with insomnia at the same time, and later with strong tendencies to insomnia and neurasthenia. The mother neuralgic and slightly hysterical. An uncle ataxic (slightly) and neurasthenic. An aunt, with migraine. One of the father's cousins had epileptic insanity, another had simple epilepsy. One grand-mother has insomnia, the other had migraine and a melancholy disposition in middle life, and neuritis with paralysis in the decline of life. One grand-father was an alcoholic. One grand-aunt has a neuritic and paralytic affection ; one died of probable apoplexy. One grand-uncle had severe epilepsy, and one was a pronounced alcoholic.

The patient herself required, about the age of ten, some correction to her vision, the character of which is not precisely known. She was fitted with glasses by a competent oculist, and instructed to wear them constantly. She had lateral nystagmus throughout childhood. She passed through the ordinary diseases of childhood, including scarlatina and diphtheria, without important sequelæ. She had somewhat enlarged tonsils, which were frequently more or less acutely inflamed. Otherwise she was fairly healthy, grew well, was apt and bright at her studies. She is not known ever to have had any injury to the head.

Some time in May, 1891, she had a severe attack of convulsions, occurring in the early hours of the morning, before she had arisen from bed. It had very probably come on while asleep. She frothed at the mouth, bit her tongue, and voided her urine during the spasm. There was a period of coma, followed by hebetude and headache, leaving no doubt whatever of the nature of the seizure. She was at this time nearly thirteen. She was at once put on bromides, in fairly large doses, the diet regulated, and a tonic regimen, including moderately cold sponge baths, instituted. Exactly four weeks later she had another nocturnal attack, after which the dose of bromide was increased. (I have no notes to show the quantity given, but think the probable daily dose at this time was about two and a half drachms.) Eight weeks later there was another convulsion, then they ceased for three months, during which time she was in the country, and did not attend school. It is not quite certain that the bromide was continued without some slight interruptions owing to remissness of the attendants during this time, although in the main, it was kept up.

In the fall of 1891, she resumed school, and continued to have seizures at intervals of four to twelve weeks, the intervals being multiples of four weeks, generally with great exactness. All nocturnal, until in the spring, when she was kept out of school, and though several attempts have been made since that time to get her to resume, her dislike to school duties had become so great, that she was allowed to remain out.

About the same time that she was advised to discontinue her school duties, the right tonsil, which was the most enlarged, and otherwise most diseased, was removed. A year or more later the left was removed. It may be of interest to mention that after the first operation the uvula became deflected to the left and remained in this position until after the second operation, when it resumed the normal mid-position.

As time wore on, in spite of still further increase of bromide, the attacks became more and more frequent, until she had as many as six or eight in a day, they being now both diurnal and nocturnal. The type also became more confused, there being mingled with the major attacks many of the minor character. These latter sometimes for a period of days, seemed to displace entirely the major form. She would suddenly flush in the face, would speak a few words in German, a language she never used under other circumstances, the sentences being generally "was ist das?" "gehe weg! gehe weg!" accompanied by gestures of defense and a frightened look.

The bromides had been pushed to over 150 gr. four times a day, the potassium, sodium and ammonium salts being employed in the proportion of three of the first, two of the second, and one of the third. The bromism had been quite extreme, the whole face being thickly covered with the characteristic acne, the mind very apathetic, and the skin cool. They had been given industriously with Fowler's solution, and again with belladonna. They had been interrupted to try the nitrate of silver, the borax, the antipyrin, and other treatments. Cod liver oil, various antispasmodics, including valerian, castor, zinci valerianat, and zinci bromid had been used. The treatment had been interrupted at one time to give belladonna alone, and belladonna and aconite together a full trial, and though the large doses of fifty drops of tr. belladonna and twenty drops of tr. aconit rad., three times a day had been reached, there was but very little physiological response to the drugs, and still less yielding of the disease. At the urgent request of the parents, she was referred to an eminent electro-therapist of this city, and treated by general electrization, but all to no purpose. Her generative organs were thoroughly explored. They were found deficient in development, and menstruation had not become established. Manganese bin. oxid and myrrh and aloes, as well as other emmenagogues were given a good trial, but failed entirely to develop the menstrual function, or to influence the disease. She was for a time very vigilant at night, and chloralamid was given in full doses, with the result of giving sleep, but not specially influencing the disease. Her mental equilibrium was for some months, much disturbed, so that she was on the verge of actual insanity. She developed some suicidal tendencies, making one attempt to destroy her life by laudanum. She followed her mother and others through the house and kept up a constant deploring of her condition. She had morbid fears, such as a goat being momentarily

following her, and others of a less definite shape. It was with the greatest difficulty that she could be gotten to cross a street, especially if a wide one, where there were many vehicles passing, this being the case although accompanied by both her father and mother. Her appetite was enormous, but a quite strict regimen, in the way of selection, was adhered to.

About the middle of February, 1895, I began the Flechsig treatment. All other drugs were abruptly stopped, and opium in one gr. doses t. d. given. A regular increase was made, until during the last of the six weeks she was taking four grains, t. d. During this time the bowels were kept open by one pill aloes et Mastich each night if necessary. She never became inordinately drowsy, but slept well at night. She had two spells in the course, of heavy headache with some bilious vomiting, lasting only a portion of the day each time. Her nerves were decidedly steadier, her mind clearer and more composed, her seizures less violent as a rule, and somewhat less frequent. At the end of the six weeks, the opium was suddenly stopped, and the potass. bromid. resumed in 30 gr. doses t. d. For several weeks she had none but very mild attacks, and these not very frequent. After this time she began to have more of this character, and at about the end of a month she had a very severe convulsion, which was several times repeated within the next few days.

She was then put on larger doses of bromide (50 gr.) with m. iv liq. potass. ars. three times a day, but still the petit mal. seizures continued to come. I then began using gr. $\frac{1}{100}$ atropia with each dose of bromide and arsenic, and within twenty-four hours the attacks ceased altogether, and have not recurred at the end of about eight weeks (June 18th). Her mental condition has become almost restored to its former normal state, the memory being much better, and the apathy or the restlessness, one or the other of which always predominated, have disappeared. It should have been stated, that great drowsiness throughout the middle of the day and afternoon had supervened upon the cessation of the opium, and had continued for some weeks.

Though still taking the bromides in the large doses (50 gr. t. d.), stated above, the acne has almost entirely disappeared since the atropia has been added.

While the question of permanent success in this case, still remains, the present condition of the patient, both mental and physical, and the long control of all kinds of seizures, are very promising.

The accurate and extensive detail in this case, may appear superfluous, but seem to the writer warranted, since the influence of heredity, and a somewhat novel therapeutic combination, with at least gratifying results can thus be more fully appreciated.

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NOTE.—Up to the time of the correction of proof (June 27th) the convulsions have not returned, although at this writing the patient is just convalescent from a very severe attack of tonsilitis, with the fever and systemic disturbances incident thereto. Such a test on the stability of the nervous centres may be considered valuable in determining the prognosis.

Should the Practice of Hypnotism be Confined to the Medical Profession.

By CHALMER PRENTICE, M. D., Chicago.

Written expressly for this Journal.

A careful study of Burnheim's work, "The Therapeutics of Suggestion," which is the school of Nancy, Binet and Fere on "Animal Magnetism," which is really representative of Charcot's work, or the school of Paris, and other works on hypnotism, has a tendency to imbue us with a belief in the remarkable and positive effects of suggestion on the various functions of the animal economy. The power of movement can be paralyzed and restored; the sense of feeling in various parts can be taken away and returned; the sense of vision can be altered and optical illusions produced; the various senses may be rendered more acute or temporarily obliterated; various functions throughout the body can be suspended or accelerated, and all, through the power of suggestion. Epileptic subjects who have been in the habit of having several fits daily have had their paroxysms held in abeyance for considerable periods of time, sometimes ranging through several weeks. Again, persons who have never suffered from epilepsy have, under the hypnotic state, had conditions induced that have been termed cataleptic, but which, really, in some instances, border on a condition which might be termed, truly, epileptic.



CHALMER PRENTICE, M. D., Chicago.

However positive and remarkable the phenomenon may be that presents itself in various hypnotic states, it is no evidence of the transmission of any force from the operator. In order that phenomena may constitute such evidence, it is necessary to eliminate all possibility of collusion, de-

ceit and trickery on the part of the subject or operator, or suggestion in some of its varied forms, also the possibility of suggestion influencing and deceiving the operator and observers of the experiments, inducing in them a hypnotic state in which they are actually led to believe that the hypnotized mind-reader really gives expression to current thoughts of the operator or some assistant. A condition of mind in a person who may be desirous that the experiments be successful or in whom a friendly and obliging feeling naturally causes him to lean toward the success of the amusement, or a passion for the profound and mysterious which exists in the great majority of mankind, may have such an influence over his cerebration that, during and after the experiment, he actually believes that he independently devised the thoughts previous to the expression by the subject; whereas, in a hypnotic state, his mind was led and shaped by all the suggestions of the hypnotized subject.

I will repeat what I have elsewhere stated: "Hypnotism, or suggestion, is the diversion into other channels of those impulses that give rise to feeling, motion and reason. They are turned aside from the performance of their normal functions to execute another kind of work."

Scientific research during the past century, more especially within the past fifty years, has called our attention to the fact of the positive and highly susceptibility of all animal life to the influence of suggestion. From the moment the new-born infant begins to receive impressions, suggestion begins to shape its little life and, from the mother's tender care, on through all the stages of life, suggestion of environment is constantly at work, having more or less influence on all organic functions, assimilation, the building of tissue and the formation of mind and intellect.

"For good or for evil, according to their character, the senses of feeling, taste, smell, hearing and sight have all a marked influence both on our mental and physical lives. Sounds of harmony, delicacies of wholesome and pleasant taste, odors that delight and please the sense of smell, scenes of beauty all have an elevating influence over our mental and physical lives, tending to a refinement of both mind and body; while the opposites of these experiences produce an unfavorable or opposite effect throughout."

"Why was the Grecian a poet and philosopher, while the Scythian was a wanderer and robber? One was reared amid surroundings of beauty and culture, the other had a barbarian land, rude as his manners and wild as his heart."*

There are two distinct fields of hypnotic experimentation:

FIRST. Hypnotism for the purpose of amusement and charlatan ends.

SECOND. Scientific investigation of hypnotism for the purpose of as-

*Taken from "The Eye in Its Relation to Health."—A. C. McClurg & Co.

certaining the precise nature of the cause of the phenomenon and the utilization of it that it may best serve the needs of suffering humanity.

The first class of experimentors give no heed to the scientific ends of suggestion—in fact they go no further than to produce the varied phenomena which are amusing and astonishing. Their ends are subserved when the audience laughs or is thrown into a state of awe, bewilderment and wonder. Right here is where the pertinent question arises in my mind: should hypnotism be confined to the medical profession, or, still more important, should National legislation assert its fostering power and protect the weak?

All operators concur in the fact that the oftener a subject is hypnotized, the more amenable he is to the condition. The hypnotic state is induced and the helpless subjects are thrown into various abnormal mental conditions. An otherwise respectable citizen is seen to take a candle in his mouth and smoke it for a cigar; another conceives an old boot to be an orange, and with delighted appetite proceeds to devour it; another jumps upon the table, thinking the water is rushing into the room and that he is going to drown; another sits in his chair and drives an imaginary horse, all the while describing scenery as he passes along an imaginary road. It were useless to extend the list. The oftener the above states are induced, the easier they are brought about.

What are the above states of mind, viewed from a common sense standpoint, without any subtlety, reasoning or word jugglery? They are simply states of insanity, induced insanity, and the oftener this insane state is brought about, the weaker the mentality and the individual becomes. Does this position need analysis? Hardly; and yet, I will ask these questions. Suppose you should meet an acquaintance, pass the ordinary salutations of the day, and then your friend should ask you for a match, and when, you having accommodated him with it, he would pull a candle from his pocket, strike the match, light it, and imagine he is smoking? You would certainly conclude that he was not right in his mind.

Or, as you are walking along with your friend, passing a second-hand boot store, he says, "excuse me a minute," picks up an old boot and asks you if you will not have an orange. If he appears to be in earnest, you will be alarmed concerning your friend's condition of mind, and will inform his family and physician.

Or, while you are quietly seated about your fireside at home, suppose a member of your family should jump upon the table and frantically exclaim that the room was being filled with water? The conclusion of all observing friends would be one and the same thing. The greatest apprehension concerning the health of the affected member would at once be aroused and every means taken to relieve what would be considered, by the family physician, as an attack of a dangerous malady.

The wife of an acquaintance of mine is in the habit of calling, every evening at her husband's place of business, with a carriage to accompany him home. What would be her surprise, some evening, on requesting her husband to accompany her, to see him sit in his office chair and say: "My dear, I am driving home now. Don't you see the horse?" Then he would crack his imaginary whip and say: "This is so and so's house we are passing. This is the bridge across the creek. What a lovely breeze is blowing from the lake!" The wife's astonishment and alarm would be unbounded. Nothing could tell her more emphatically that her husband was insane.

The mental state is precisely the same in the induced insanity of the hypnotizer and those forms which are not purposely brought about; and yet, in the one case, we seem to be in no way alarmed at the condition, whereas when the condition comes naturally, it gives rise to the most painful and fearful apprehension. There can be no question as to induced insanity being highly injurious and very dangerous, and there is every reason why legislation should not only prevent such experiments, but actually make them a criminal offense.

Awakened to the fact of the prominent influence of suggestion, by the literature and scientific experimentation of the day, we may now make an important step in furthering the practice of medicine toward the goal of a science. It suggests to us the necessity, whenever remedial agencies are administered, to differentiate between the actual therapeutic effects of the drug, and the effects brought about by suggestion. Every practitioner is aware that the proportion of faith in the patient has a great deal of influence in the treatment of a disease. A physician of high reputation may administer a given remedy with certain results, whereas the same agent administered by a man of less renown, and in whom the patient has no confidence, will produce entirely different effects. It is frequent for professional gentlemen, in their consultations, to talk like this: "I find digitalis, in certain conditions of heart trouble, is always beneficial," and a physician of equal experience replies: "It always acts badly with me. I am afraid to use it."

The history of many remedies, that have for a time been universally popular, and during a period have satisfactorily brought about the results of relief or cure, but at a later period have been found to be useless, worthless and apparently inert, points to the fact that our profession has unwittingly attributed to the drug potencies that were, in a large measure, due to unconscious suggestion arising from their general confidence in the drug which confidence led to a positiveness of bearing, expression and environment that was suggestion of a beneficial type, of all of which the physician may be unconscious.

A physician who is thoroughly awake to the full powers of suggestion and the acute perceptibility of the invalid is prepared to make the

most of his therapeutic administration by emphasizing it with all the advantage of suggestion; at all times avoiding the possibility of adverse suggestion.

Every physician can point to unhappy incidents in his practice where patients who had been dangerously ill, but were fairly on the road to recovery—even in an improving condition—when some neighbor, meddling nurse or quack, during his absence, gave adverse suggestion to the sufferer by saying something like this: "Why don't you try doctor ——? Your doctor's medicine will kill you. I know of a good many cases just like yours and they all died; but Dr. —— never lost a case of this kind." Such mental suggestion often terminates life. Whether it is done through malice or ignorance, it is nothing less than man-slaughter, for it is as effective in taking life as a bullet, knife or dose of strychnine.

The evil effects of adverse suggestion are worthy of an extended scientific investigation. The possession of diploma offers no license in lessening the responsibility of administering mental poison. True ethics surround the physician with a pure atmosphere of honesty, integrity and philanthropy. In every sense, the true physician is a gentleman.

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The Treatment of Posterior Urethritis.

By JOSEPH L. BAUER, M. D., St. Louis, Mo.

Written for the Charlotte Medical Journal.

Nothing could be more unsatisfactory than the results following the modern treatment of gonorrhœa. It may with truth be said that the "old way" was just as scientific as it was uncertain. The terrific influences of the gonococcus are described in vivid colors; and as the thunder of old was worshipped by ancient folk because of inability to explain natural phenomena, so the gonococcus is deified until something else turns up. The imagination of the sensational experimentalist was sorely touched when his imaginings were declared faulty, and a safety valve was sought in the effects of gonococcic activity. Despite all fine spun theories and hopeful possibilities, the gonococcus is still with us, and every savant is entitled to publish his new and infallible cure of "clap," Ricord's classical expression is still current, and none except the Gods can tell when the gonorrhœa has dropped its curtain.

If this be true of the general attacks of this disease, how much more forcible is it when it has passed its character of simplicity, becomes a complication and seeks a habitat in the unseen domain of the deeper portions of the canal. But "you are too cynical," cries the enthusiast! "You place no reliance upon the work of the experimental laboratory!" "Don't you know the wonderful effects of nitrate of silver upon the gonococcus!"

"Have you not read my article on Posterior Urethritis, in which I have followed in the foot steps of Finger, of Vienna?" utters another. And so on down the list. Time would be wasted in an effort to sift out the marvellous products of man's ingenuity, for do what we will it still remains a "will of the wisp."



JOSEPH E. BAUER, M. D., St. Louis, Mo.

Recognizing the consequences of my non-conformity with modern opinion, I nevertheless assert and repeat, that the treatment of posterior urethritis by deep injections of nitrate of silver is a fallacy and practically worthless, but not more so than any other form of treatment. Has the discovery of Neisser intensified the virtue of this silver salt? Is it any better than it was before the diplococcus was unearthed? Our forefathers made use of this remedy years ago and practically in the same manner as now, yet they discarded it as inefficient. And why, therefore, resurrect it? It is true, that now and then a patient is discharged cured, but so they are by simpler forms of attention, less annoying and eminently as practical.

The thoughts presented were stimulated by the request of my father to assist him in the case of a young man about twenty-eight years of age, in the possession of a penis that had preserved its identity only through the accident of circumcision. In its quiescent state it was about one and three-quarter inches in length, and three inches in circumference. But behold! The meatus was cut to admit a number 40 F. He is troubled with frequent, painful micturition, passing a stream of small diameter and quite cork screwed. He has a persistent discharge, just now the usual

"tear drop," which changes its character, becoming purrulent whenever the organ is subjected to unusual excitement.

Now this condition was ushered in by an acute attack of infectious urethritis in 1884, and the sequela has been an everlasting phenomenon. He is a cyclopedia of therapeutic manœuvering. Responsible practitioners and specialists have tried their hand, and he has even had the advantage of the mecca of Otisism, Hot Springs. He has been cut at every portion of his canal; sounds of unmentionable calibre have been passed and repassed; injections from "Bron." to "Nitrate of Silver" have been used, and so on!

And here he is trying again and despairing! Now, there is in this man's case a persistent, hyperæsthesia, producing the stated phenomena. The symptoms and condition of the canal indicate a chronic inflammation of intensely irritating type, frequently producing spasmodic stricture. That it has been intensified by the varied and aggressive treatment goes without saying. Hence, I exclaim, give it a rest! Stop these direct attacks. Remove every factor which might aggravate it. And how, I am asked.

My views upon the treatment of chronic gonorrhœa have long since been recorded. I have simply reasserted the conviction that "as long as a drop of urine is allowed to pass the urethra, with pathological force, so long will it be impossible to cure these cases effectually." Hence, there are two means at command by which this result can be secured. One is median perineal section, according to the plan of Reginald Harrison, and the other is the fucation catheter. Where there is a minimum of irritability, a stationary catheter is unnecessary; such an instrument may be passed when urination demands it. But, in the case in question, the stationary catheter is an imperative course to pursue, since the micturations are too frequent, in reality constant. Indeed, I feel assured that this treatment will yield positive results, and ultimately relieve the patient.

My prognosis is stated positively, and is derived from experience gained in similar cases, where other treatment was futile, and in which this plan was resorted to with the very best of results.

104 N. 6th Street.

A Treatment for Cancerous Conditions.

By J. W. YOUNG, M. D., Bloomfield, Iowa.

Written expressly for this Journal.

I use the term cancer as a generic term of all neoplasms, in which the microscope reveals "nests of cells" of various shapes and sizes, in any tissue of the body, which have a tendency to form a tumor and crowd the natural tissue, so death of the part results in a general breaking down of the structure involved, and showing no tendency to heal.

I do not believe the cancer cell is introduced into the tissue from without, but am of opinion that irritation of a part is liable to make the natural cells of a tissue take on a new law of proliferation, shape and structure, but am unable to know why certain irritations do not always produce like results. It may be that individual idiosyncracies, or the state of the system, or hereditary influence, may have much to do with forming a malignant neoplasm.



J. W. YORNG, M. D., Bloomfield, Iowa.

Although we know but little about the cause and laws which govern the genesis of cancer, yet we do know that many individuals do have malignant tumors in various parts of their bodies, and unless these tumors and their cells are destroyed—root and branch—before general implantation has taken place, the victim will surely perish, and long before death relieves the sufferer, even the friends stand around in horror on account of the loathsome aspect of the victim.

It is not my intention to give the known history or even mention the many varieties of cells, and the laws of metastatic influence, but at this time will only mention a treatment, which I have found to bring relief to the sufferer of this dreaded malady, and so far as I can tell at this time, the cure seems permanent.

I do not pretend that I have made a great discovery, because I received the idea from others, that alcohol would cause certain neoplasms to shrink when injected into the substance of a tumor.

For several months I have been injecting alcohol, with a common hypodermic instrument, into various tumors, and I have been sur-

prised many times at the rapid diminution in the size and appearance of the mass.

I find that if too much alcohol is injected at one time, there is a little danger of sloughing of the part and general intoxication of the subject, but with ordinary caution there is little danger of these accidents.

My plan is to inject 10 to 20 minims in one side of the tumor, then as much in another place and continue till every part is touched by the alcohol. My aim is simply to get absolute alcohol in small quantities on every abnormal cell in the neoplasm, and do not use in all more than one or two drachms at one sitting.

I am of the opinion that absolute alcohol blights the cancerous cells of every variety, and destroys their proliferating power, and if used before the cells are disseminated through the system a permanent cure can be made by this means.

I believe all cancer cells are of low vitality; that they are normal cells diseased in some manner to such an extent that over-crowding causes their death as is seen in the "eating of cancer," but with a power of abnormal multiplication; and that absolute alcohol will blight and kill every such cell it touches.

I have injected pure alcohol in a cancerous cervix, getting a little alcohol to every diseased part, and have watched them apparently get well. If there is sloughing in a part of the cervix after injecting, I pack around and in the cavity gauze wet with this remedy and have seen healing take place when I did not expect it.

My plan is to inject tumors every third or fourth day, waiting each time long enough to be sure of the results of each injection before using the next time.

The pain produced is sometimes quite severe, but most individuals will endure it when they are given to understand that a cure is likely to result without the use of the knife or caustics. Cocaine can be used, if necessary, with a sensitive individual, without detriment to the action of alcohol on the tissue.

The purer the alcohol the better; but I am in the habit of putting a small lump of unslacked lime in a four ounce vial of alcohol and I find this renders the drug nearly pure and answers the purpose.

My object in writing this article before I have fully established the absolute certainty of cure in every case of cancer is to induce others to try its efficacy and publish their observations to the world and thereby save and prolong human life. I promise to give you at no distant date another article in which I will describe cases in which this remedy is used and all results, but in the meantime I wish others to try the remedy and report their results.

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Medical Letters may be addressed to

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SHOULD ALCOHOL BE USED IN DISEASES OF CHILDREN?

This is a subject that I have given much study, and one that has always been very interesting to me. In many respects I agree with Dr. August Seibert, in an article on "The Uses of Alcohol in Sick Children," published in the May number of the Archives of Pediatrics. He makes the general statement that we can exclude all forms of gastro intestinal disturbance in children from the list of diseases in which alcohol is beneficial. In acute cases, even in cholera infantum, large quantities of water with a small amount of black coffee or tea will stimulate better than alcohol. It is besides not irritating to the mucous membrane, already in a diseased condition. It is especially irrational and harmful to administer alcohol in the diarrhoeas of children before the stomach and bowels have been freed from all putrefying material.

In typhoid fever he rarely gives alcohol to children or adults. In children the disease usually runs a mild course, and seldom relapses if proper diet is adhered to. Stimulation is rarely required.

In fibrinous pneumonia and broncho-pneumonia in children the author disapproves of the enormous quantities of alcohol which are frequently given. He does not use it in pneumonia, except when collapse threatens or is present. Then he uses it in large doses and in concentrated form. Alcohol fed children will digest less perfectly in pneumonia than those whose stomachs have not been insulted in this way. Children who have received large amounts of alcohol do not regain their appetite and digestive power after the attack is over as those do who are treated without it.

In scarlatina alcohol is not tolerated by the stomach during the first few days. In severe cases the author has not seen any good results following its use. In mild cases it is out of place. The same is true of measles. In septic conditions during scarlet fever the judicious use of light wine sometimes seems to be beneficial.

THE IDEAL MAN.

Ideal men are hard to find in this glorious age. Most men, after they have been put through the test, when they have been weighed in the scales are found wanting. They possess some qualities that are objectionable. In spite of their best efforts, and in the face of the hard battles they fight against these weaknesses, they very often surrender and confess that they are no better than their fellows. The definition of the ideal man has lately been discussed among the society women of Washington, and after a general exchange of views has decided that this definition of him is the best:

"The man must interest by uncommonness, either in appearance or manner, or he must have that indescribable quality called charm. He must know his own mind, and steadily work thereto, even to masterfulness. He disregards, 'they say,' and is not one of a herd. His friends are men, not women. He is only once declined by the same person. His perhaps hasty temper never runs to unkindness. He needs sympathy and solace in a sometimes divine discontent. He abides under no failure, but goes steadily on. His occasional want of success only attaches and rivets his determination."

Some parts of this definition seem well chosen, but others are ambiguous. It is no easy matter to see why women should paint as an ideal, a man who finds his friends among his own sex and not among theirs. Nor is it clear why an ideal should ever be declined by a woman. Ideals vary. One woman may be convinced that her husband is perfect, but her next door neighbor may have a very different opinion of him. As long as the world lasts there will be many men and many women of many minds, and to try to make them agree on this or any other important subject will be almost impossible. The world keeps on growing better, and men keep on doing the same thing, but absolute perfection in them, desirable as it may be, is very rare of attainment.

ANTISEPSIS TO THE LETTER.

A curious account of the latest application of antiseptic surgery in duelling occurs in a recent number of the "*Revue de Paris*" in the novel entitled "*L'Enfant de Volupte*." The combatants enter a room in a house situated in the suburbs of Rome, and there find two surgeons busied in disinfecting the blades of the swords with a solution of carbolic acid in water, the odour filling the room. There is a table covered with bandages, dressings, vessels of the carbolised water, and cases full of little glittering instruments of steel. The rivals strip to the waist, and the fight begins outside. One of them is wounded in the forearm, but so slightly that no dressing is required, and the duel is about to be continued, when the

unwounded man inadvertently touches the ground with the point of his weapon. A surgeon instantly rushes forward with a sponge saturated with carbolic water and disinfects the blade afresh. In the next bout the same man is struck under the right nipple, but the point has touched a rib which prevents it from penetrating. The surgeons then make pressure on the little wound, wash it with antiseptic, put on a bit of pure strapping, and allow him to go on. In the last round the wounded man strikes his adversary full in the chest, and he falls back into the arms of his second. Presently the senior surgeon announces "penetrating wound of the chest at the level of the fourth left intercostal space, involving the surface of the lung." Perhaps in another encounter the novelist may advance a step further, have the candidates thoroughly scrubbed and disinfected overnight and then despatched to their place of meeting in sterilised shirts.

THE SINGLE DOCTORS.

The single doctors, in one sense, have a hard fight in a medium size town, from the fact that they are single. A physician can't afford to marry until he has a practice, and some say he can't get a practice until he marries. Now what is the poor creature to do. To live down prejudice is certainly hard to do. There has been from time immemorial, handed down from generation to generation, unexplainable, not even an attempt to explain it, a very great prejudice against the unmarried doctor. It is comforting, however, to know that this prejudice is not universal, that there are many who employ the doctor, be he single or married, for his ability and not whether he has a wife and a house full of babies.

In large cities patients do not always know whether their doctor is married or not unless they are rather well acquainted, and in many cases where confidence has been gained the unmarried man has shown himself as good as the Benedict. The idea may imply that an unmarried man is an immoral man, or some such unjust reason may be assigned, but as a fact it could be with just as much effect reasoned that the unmarried doctor is the better man of the two because he can devote his whole time to his profession.

Whatever the truth may be, it is certainly a fact that when prejudice has been overcome and the unmarried man has once gained the confidence of the family he makes his way as well as his more fortunate colleague. This is one of the many traditions and prejudices that hang around the medical profession, and the sooner it is brought out in its proper light the better for all concerned.

Too many men rush into matrimony at an early and unripe age because they think it will help to promote their professional advancement, and after a few years they have time to repent at leisure. There are many more who commit this act and do not repent because they have chosen

wisely, but for the sake of the few who use matrimony as a stepping-stone to success, the public should be taught that, all things being equal, the unmarried doctor is just as good, just as reliable, and just as worthy of confidence as the married man, and the mere marrying of an unfit man does not fit him for the confidence of the public.

Therefore, if a good man is able and worthy he should stand on his own merit, whatever other conditions exist.

COUGH MIXTURES.

A recent visit to a patient prompts these remarks about cough mixtures. This patient was suffering with a chronic bronchitis. I suppose every thing in the way of cough mixtures could be found in his apartment. The great harm these products produce is almost unlimited, and should be regarded as a relict of ancient and unscientific methods of practice. Cough mixtures, as a general rule, do more harm than good, and their reckless and indiscriminate use should be carefully considered by physicians. A patient comes to you with a cough. The first thing you do is to give him a cough mixture, and nine times out of ten the principal ingredient is opium. 'Tis true opium may lessen the tendency to cough, but it does a great damage by arresting the normal secretions, and the system becomes affected by the poisons from the kidneys, the skin, stomach, intestines, the pulmonary structures and the mucous membrane lining the upper air passages. You might as well take a brush and varnish your patient all over as to fill him up with cough mixtures. Death is almost as certain from one as well as the other, and yet they recover often in spite of the cough mixture. Not only do these damnable mixtures arrest every secretion in the body, but they also show their deteriorating and degrading effect through the stomach. They contain nauseants which tend to disorder and derange digestion. Do not give your patients cough mixtures.

THREE POISONS IN TOBACCO.

The most dangerous principle of tobacco is not nicotine, as is generally supposed, but pyridin and collodin. Nicotine is the product of the cigar and cigarette; pyridin, which is three or four times more poisonous, comes out of the pipe. It would be well, both for the devotees of tobacco and their neighbors, if they took care always to have the smoke filtered through cotton wool or other absorbent material before it is allowed to pass the "barrier of the teeth." Smokers might also take a lesson from the unspeakable Turk, who never smokes a cigarette to the end, but usually throws it away when a little more than half is finished. If these precautions were more generally observed, we should hear much less of the evil effects of smoking on the nerves and heart, and on the tongue itself.

PREGNANCY AFTER LIGATION OF THE FALLOPIAN TUBES.

At the December meeting of the Glasgow Chirurgical Society, Drs. Murdoch Cameron and R. M. Buchanan, made a report upon the clinical history and post mortem examination of a case where pregnancy occurred after ligation of the tubes.

Two years before this conception the woman had been delivered by Cæsarian section of a healthy mature child. Dr. Cameron tied the tubes at that time. Four days after the last Cæsarian section the patient, who was a dwarf and rachitic, died of peritonitis, and the post mortem examination was made by Dr. Buchanan.

The right fallopian tube showed the constricted portion without any trace of lumen, while the left was pervious throughout, although the canal was much narrowed and the plications atrophied and irregular.

Dr. Cameron said that this was the first case in which he had ever found pregnancy to occur after ligation of the tube, and attributed the fact in this instance to his failure to tie the ligature sufficiently tight. He thought it would be especially dangerous to remove the ovaries at such a time when the veins were enlarged and sepsis might so easily be introduced, and therefore was accustomed to rely upon ligation of the tubes. In his last case of Cæsarian operation he had taken the precaution of putting on a double ligature, cutting between, and making such a separation that he did not think union could possibly take place.

Dr. Hector Cameron said he would not have thought *a priori* that a silk ligature would have permanently obliterated the fallopian tube. There was no analogy between that and an artery. It was fashionable nowadays, when tying an artery, not to try to sever the inner and middle coats; but he himself always did try to do so, and when that was done the reparatory process which followed was almost certain to obliterate the artery at that point. There was no analogy to this in the case of the fallopian tube, and it had always struck him that the method which Dr. Murdoch Cameron had described for his last case (double ligature and dividing between) was the right one and ought to ensure success.

TRANSPORTATION OF THE DEAD.

Dr. J. D. Griffith recently contributed an article to The Journal of the American Public Health Association with the above title. He remarks:

"Until we are educated to the point of the thorough sanitation of cremation the transportation of dead bodies by railways is, and always will be, a source of danger." It is clear that if the person has died from an infectious disease, and the coffin is not hermetically sealed, the luggage may become infected, and by its distribution could prove the cause of

wide-spreading mischief. Not only this, but the health of the railway employes is menaced. In 1888 the National Association of General Baggage Agents, including most, if not all, of the main carriers of the United States, adopted a schedule of rules and forms to govern the transportation of corpses, in which it was suggested that a corpse should be wrapped in a sheet saturated with a strong solution of bichloride of mercury and packed in a specified casket.

The writer gives it as his opinion that many dangerous maladies have been spread by handling and shipping the dead body, and believes that the whole country must have been benefited from these rules, as most of the State boards of health have not only approved but adopted them with little or no modification. It has been suggested that in all cases where a death occurs from an infectious disease the body should be interred in the same neighborhood where the death takes place; but, as Dr. Griffith points out, endless trouble might follow with many people who would leave no stone unturned to enable them to remove the body if they so desired. This being so, the only practical suggestion seems to be that a portion of the baggage car should be provided with metal-lined compartments and be used exclusively for the purpose of conveying dead bodies from one place to another. By this means the risk of infection would be considerably minimised, both to the employes of railways and the travellers who entrust their trunks to the care of the railroad companies.

THE BICYCLE AND ITS EFFECT ON THE HEART.

This subject has been very elaborately and extensively discussed within the past few years. It has its advocates and it has its persecutors. There is no doubt about the heart being compelled to do extra work from riding a bicycle, like every form of physical exertion, and upon the integrity of the heart's behavior not only depends health and physical vigor, but also life. It can be heard every day that wheeling is injurious to the heart. How can we answer this question? Heart disease is certainly less apt to be caused by the use of the wheel in a sensible and moderate way than it is from climbing hills which are either very steep or very long. There is a striking resemblance between bicycling and walking, so far as their effects on the heart are concerned; either may be healthful or harmful. Excessive exertion in either is dangerous, and moderate exertion is beneficial. Harm is more likely to result from bicycling than from walking, because there is much more temptation to ride than walk too fast on the level. There is an excessive strain upon the heart muscle when climbing a hill on a machine, at even a moderate speed, far much more than walking, yet very few people have enough sense to get off and walk up hills.

If either in wheeling or walking shortness of breath is felt, one knows

that an unwonted strain has been thrown upon the heart and lungs—and the intensity and duration of the breathlessness fairly measure the degree of strain. It is safe to assume that if neither shortness of breath nor palpitation of the heart be felt, the strain is not excessive. A physician who has given much thought to the subject says that, so long as the cyclist can *breathe with the mouth shut*, he is certainly perfectly safe so far as heart strain is concerned.

PERFECTION OF OPERATIVE TECHNIQUE.

Operations in abdominal surgery are rapidly nearing the goal of perfection. To show to what degree of perfection this art has reached, we will mention the fact that recently E. Mathews-Owens, of Brisbaw, successfully performed ovariectomy upon a patient at the advanced age of eighty-seven. Hitherto the ages of 81, 82 and 85 were the oldest cases on record where this operation had been successfully performed. In the case of the woman of 87 years of age, it acquires additional interest from the fact that the same surgeon removed a parovarian cyst from her when she was seventy-nine years and ten months old. The second operation was for a fibro-cystic tumor of the left ovary, the same side from which the parovarian cyst had formerly been removed, the appendages being left at the first operation.

The anæsthetic used was chloroform, the operation was easy and the recovery speedy. Think of ovariectomy at the age of 87. What would the people have thought had this operation been performed twenty years ago. That so serious an operation as ovariectomy can be performed at such an age as 87 adds another proof to the perfection of operative technique in abdominal surgery.

STINGS OF INSECTS.

It is generally understood that the stings of some insects are poisonous in a greater or less degree, and must therefore be early and carefully treated. Pain alone in such cases will suffice for a danger signal, and few when thus warned would care to neglect the puncture made by a hornet, a wasp, or even a bee. The fact that other insects, like some species of fly, are capable of equal or even greater mischief, is not so commonly known as it ought to be. Several fatal cases of septic erysipelas due to simple gnat bite are on record. The condition of patients, of course, influence the effects of poisons of this character.

The habits of insects afford a clue to the seeming vagary of the occasional and accidental virulence. The sting or the mandibles, which perhaps were buried an hour previously in some putrid sore, excreta, or offal, cannot penetrate a living tissue without leaving in its something of the same putrid character. It is safer, therefore, for the medical practitioner

to regard each and every injury of this kind, however slight, as a possible source of illness, and at once to contrive its relief by poulticing, antiseptic compresses, or like means.

TYPHOID FEVER IN INFANTS.

It was believed for many years that infants were immune against this disease. The disease called "infantile remittent fever" was very probably typhoid fever. There is no difference in the anatomical lesions in the infant than that which exist in the adult.

As far as infants are concerned, the proof of the presence of the bacilli is still negative. The swelling of Peyer's patches shows itself early, and is most frequently seen near the ileocæcal valve. It is suggested that the difference in the amount of destruction may be due to the bland food which infants commonly take.

In the infant, restlessness is marked and fever persists for days, with only slight irritation of the gastro-enteric tract. The temperature, which usually ranges higher than in adults, is well borne. There is usually nothing characteristic in the appearance of the tongue; vomiting is rare; the appetite uncertain. Constipation is usually persistent throughout the entire course of the disease. The typical spots are rarely seen. Tympany is rare; hæmorrhage is also rare. The spleen if enlarged is detected with difficulty. The liver and kidneys are probably unaffected. Epistaxis is rare as is also bronchitis. Relapses are not infrequent.

BRAIN WORK AS A FACTOR IN LONGEVITY.

Attention has been called to the fact that people who have been accustomed to the continued disciplinary use of their brains daily, and who have thus placed their nerve power under a highly developed condition of constitutional training, are enabled by these very means to escape the so-called early decay, and to avoid those alarming accidents to health, from which so many apparently healthy men succumb. Persons who use their brains and observe ordinary hygienic care of their bodies resist disease in the first place, and, when they are actually ill, prolong their lives or recuperate sooner than do those who have lived less intellectual lives. Thus, there is given a new force to the assertion that "you may kill a man with anxiety very quickly, but it is difficult to kill him with work."

A PTOMAIN IN THE URINE OF CANCEROUS PATIENTS.

Griffiths has described a ptomaine extracted from the urine of cancerous patients. It is a white substance, crystallises in needles, and dissolves in water with an alkaline reaction; it gives a brown reaction with Wessler's reagent. It is very poisonous, and injected into the veins leads to fever and death in three hours. It is not present in normal urine.

BOOK REVIEWS.

THE EVOLUTION OF THE DISEASES OF WOMEN. By W. BALLS-HEADLEY, M. A., M. D. Cantab., F. R. C. P. Lond. Lecturer on Midwifery and the Diseases of Women at the University of Melbourne, etc. London: Smith, Elder and Co. 1894. (Roy 8vo, pp. 396. 16s.)

"This book is not a compilation; all that is written is individual." This sentence, taken from its preface, truly applies to the above work. The general plan of the book, its governing ideas, are original, scientific, and suggestive; and, while not always unassailable, yet they embody much that is true and important. The leading idea is to describe diseases of women according to the natural order of events; first, the conditions producing disorder and disease of the female sexual organs; then their morbid anatomy and symptoms; and, lastly, their treatment. The author finds in our social system three great causes of disorder of the female generative organs; mental culture, by which physical development is often sacrificed to mental training; female dress, the faults of which it is needless to particularise; and unsatisfied sexual desire. The latter includes, of course, the unsatisfied desire for maternity. In civilised communities more than half the women under 30 are unmarried; in other words, the sexual instinct, during the first half of its existence, is in most women ungratified. Hence spring, in Dr. Balls-Headley's opinion, many sexual disorders.

Space does not permit us to follow in detail these general views in their application to particular forms of disease. What we have said will show that the author is capable of thinking for himself, and of framing broad and comprehensive views. Antelexion is here regarded as a disease. Lacerations of the cervix have a chapter given to them, and are described as one of the most important factors in the production of morbid change. Erosion of the cervix is defined as ulceration with loss of epithelium. Unsatisfied sexual desire is not only stated in a general way to be one of the causes of disorder of the organs concerned, but it is specifically mentioned as the great cause of many morbid conditions.

The book contains about 375 pages, nicely printed, well illustrated, and neatly bound. It is a very readable and valuable book.

A REGIONAL AND COMPARATIVE MATERIA MEDICA. By JOHN GILMORE MALCOLM, M. D., and OSCAR BURNHAM, M. D. Chicago: Malcolm and Moss, Publishers. 1895.

The object of the work is to simplify the study of materia medica, and also to assist the busy practitioner, by grouping into chapters all remedies pertaining to the chief regions, organs and functions of the body. The work is divided into forty-two chapters, beginning with the mind and ending with ameliorations. Under each chapter the authors have collected the characteristic symptoms of each drug in the materia medica, enabling one to compare the effects of all the remedies of the materia medica in

short time and space. The remedies are thus placed near each other under one heading and made easy of access. At the end of each chapter is to be found an alphabetically arranged repertory for the further assistance and simplification of the work to the busy practitioner. At the end of the volume is placed an index to the repertories which shows at a glance all the chapters referring to the various diseases and symptoms covered by the symptomatology. The binding of the volume before us deserves the same criticism that should be given the majority of our cloth-bound homeopathic works—that is, it is not well and substantially done, and, if not carefully handled, will not last. In the chapter on pronunciation of names of medicines the authors do not seem to have followed the same authorities as Cowperthwaite and others. We forbear any further criticism, as the work has so many good points and we believe that perfection is only arrived at through evolution. The book contains upwards of 900 pages, is well printed on good paper and nicely spaced. When we reflect on the time and labor necessary for the compilation of such a work, the price appears quite reasonable. We take pleasure in recommending the work to our readers, believing that any one adding the same to his library will find the money well spent. Price, cloth, \$7; half morocco, \$8. Especial price for three months, \$6 and \$7, net, respectively. For sale at the pharmacies or by Malcolm & Moss, publishers, Chicago, Illinois.

THE CARE OF THE BABY. A Manual for Mothers and Nurses. By J. P. CROZER GRIFFITH, M. D. Philadelphia: W. B. Saunders, 925 Walnut St. 1895.

This is a most useful and practical book. It is a reliable guide for mothers anxious to inform themselves with regard to the best way of caring for their children in sickness and in health. The first chapter of the book discusses the hygiene of pregnancy, the method of calculating the date of confinement, and similar data. The second is devoted to the characteristics of a healthy baby, and the growth of the mind and body in the succeeding one. The chapters which follow relate to the methods of bathing, dressing, and feeding children of different ages, to the hours of sleeping, to physical and mental exercise and training, and to the proper qualities of the children's various nurses and rooms. This book will be particularly valuable to those mothers who are so situated that they cannot always obtain a physician within a moment's call. It contains a description of the symptoms by which we may know that disease is present; a consideration of the nursing of sick children; a concise *resume* of the commonest diseases of infancy and childhood; and directions for management of various accidents, including, among others, drowning and the swallowing of poisons. The book is well illustrated. The author has made his statements plain and easily understood, yet scientifically accurate. The work contains nearly 400 pages and shows great mechanical skill in its preparation. The work should be in every home.

THE TRUE SCIENCE OF LIVING. The New Gospel of Health. Practical and Physiological. By EDWARD HOOKER DEWEY, M. D. Introduction by Rev. GEORGE F. PENTECOST, D. D. Norwich, Conn.: The Henry Bell Publishing Co. 1895.

Bodily health is certainly desired by all men and women, especially by those who have suffered from any loss of health or impairment of physical strength. This book puts before the reader a better way of living than that which characterizes the great majority of people. It relates to the habit of eating and drinking, and sets forth from the point of view of sound physiology the relation of food to the human system, and so to disease and health. Of the two principal matters recommended as the practical outcome of the theory of health developed in this book, the first is that fasting, or the abstinence from food until natural hunger calls for it, is the best way to bring about recovery from disease. Take away food from a sick man's stomach and you have begun, not to starve the sick man, but the disease. The second is that digestion is best promoted and food so assimilated as to afford the largest amount of nourishment, and the greatest quantity of rich blood, by giving the stomach a long rest from all work during each twenty-four hours. The work is interesting from beginning to end. It contains something over 300 pages, and can be purchased from the office of the Health Culture Co., 30 East 14th Street, New York. Albert Turner, Manager.

HYGIENE WITH ANATOMY AND PHYSIOLOGY. Being an Amplification of Edwards' Catechism of Hygiene. By JOSEPH F. EDWARDS, A. M., M. D. Member of the State Board of Health of Pennsylvania; Member of the American Public Health Association; Foreign Associate Member of the French Society of Hygiene; Fellow of the College of Physicians of Philadelphia; Member of the Philadelphia County Medical Society; Editor of The Annals of Hygiene, etc. Intended for Schools and General Reading. New York: Edward P. Stevin, Publisher.

The author states in the preface that hygiene is generally defined as "the prevention of disease; as synonymous with pure air, pure water and pure food." But the author goes further than this, by defining hygiene as a science that gives health and contentment to all who follow its rules. This is just the style of work that should be adopted in all our public schools, and if conscientiously followed in its teachings, would result in just what its author claims. It is clean and simple in its language, and the illustrations, many of which are entirely original in design, are such that nothing objectionable will be found. A glance at its pages will be sufficient to show its worth.

SYLLABUS OF ECLECTIC MATERIA MEDICA AND THERAPEUTICS. Compiled from Notes taken from the Lectures of FREDERICK J. LOCKE, M. D. Edited with Pharmacological additions by HARVEY W. FELTER, M. D., with Notes on Specific Medicines by JOHN URI LLOYD. Cincinnati: John M. Scudder's Sons. 1895.

Any student of medicine will appreciate this work, and especially an Eclectic student. In this school of Medicine, Prof. Locke has a wide reputation, and is eminently fitted for the work he has so nicely accom-

plished. A short time since, an imperfect, limited edition of "Notes on the Lectures of Prof. Locke" was issued by members of the class, and since then it has become necessary to supplant that work with this one.

One very noticeable advantage in the use of this book for students is that as few words as possible are used to express the fact in question. In addition to the therapeutic matter, pharmacological notes, including botanical origin, constituents, composition, solubilities, etc., together with a preliminary section on forms of medicine, have been added by the editors. The work contains something over 400 pages, the important subject in question being put in large clear, black type. The book is a good one in every respect.

A MANUAL OF HYGIENE. By MARY TAYLOR BISSELL, M. D., Professor of Hygiene in the Women's Medical College of the New York Infirmary for Women and Children. New York: The Baker & Taylor Co.

The possibility of good that lies in the scope of hygiene has, even in the profession, only begun to be realized, and for the realization of this good it is essential that not only students and practitioners merely, but the laity also, shall be educated. It is not merely contagious diseases that are to be considered, but nearly all the diseases that arise from any kind of excess, or any kind of neglect, that are to be guarded against by hygiene.

In this work, in the most popular manner attainable, almost every conceivable subject relating to health is considered. Drainage, building, food, drink, labor and rest, amusement, climate, ventilation, and a great number of other subjects receive appropriate consideration. The work is intrinsically interesting, as well as profitable reading, and is worthy of very high commendation:

MENTAL DISEASES. By DANIEL CLARK, M. D. Cloth; 16mo. pp. 328 Price, \$1.25. William Briggs, Toronto.

This is one of the best introductions to the study of mental disease it has been our lot to encounter, and yet it purports to be no more than a synopsis of twelve lectures delivered at the Hospital for the Insane at Toronto to the graduating medical classes. Though intended as a guide for senior medical students, it is equally available as a manual of psychophysics for the busy physician. It is eminently practical, and yet devoid of the vast amount of useless material that usually encumbers works of this kind. We cordially commend it as a text-book and work of reference, the more so as its style and general make-up are calculated to interest rather than repel the reader.

TRANSACTIONS of the Louisiana State Medical Society, at its Fifteenth Annual Session, held at New Orleans, May 29th. 30th and 41st, 1894.

These transactions form a volume of nearly six hundred pages, and are neatly prepared and contain many original articles.

DOCTOR JUDAS. A Portrayal of the Opium Habit. By WILLIAM ROSSER COBBE. 12mo, pp. 320. Chicago: S. C. Griggs & Co. \$1.50.

Mr. Cobbe opens his first chapter with the statement, "Inexorable duty, and that alone, has urged the writer to the painful task of recording the terrible story of a nine years' slavery to opium." He describes in an impressive way the physical and mental effects of the use of the drug in his own experience, and criticises De Quincey's "Confessions of an English Opium Eater" as showing much untrustworthy coloring. Mr. Cobbe relates the details of some dreams horrible indeed to the dreamer but nevertheless entertaining to the undrugged reader. The book is of serious import as a contribution to practical moral reform, but its style is such as to give it, to some extent, the character of a work in *belles lettres*.

The book is so serious, so heartfelt indeed, as to command strict attention and undoubted respect. There is almost no literature upon the subject, and the book is needed. Mr. Cobbe is a very clever writer, a clear thinker, and is thoroughly imbued with the scientific spirit. The influence of this must be for incalculable good.

LONE AND QUIET LIFE. By WALTER RAYMOND. New York: Dodd, Mead and Company. 1894.

This story is dated somewhat early in the Century, yet his pictures are drawn direct from life as it may still be found in quiet nooks and corners of the author's country.

The book contains 264 pages, and is very interesting from beginning to end. The type is clear, paper good, and upon the whole makes a nice and valuable volume for the library.

ANNUAL REPORT of the Department of Health of the City of Chicago, for the year ending December 31st, 1894. Arthur R. Reynolds, M. D., Commissioner of Health. Chicago. 1895.

When one examines this book it is found to be an immense work so far as labor and time is concerned. It is neatly and systematically arranged. Statistics are very accurate. Much credit and praise is due Dr. Reynolds as Commissioner of Health for the excellent manner he has gotten out the work.

Reprints.

Hypnotism. By Chalmer Prentice, M. D., Chicago, Ill. Reprinted from the Medical Record, May 4, 1895.

Report of Seven Cases of Double Castration for Relief of Enlarged Prostate Gland. By H. O. Walker, M. D., Detroit, Mich. Reprinted from the New York Medical Journal for April 20, 1895.

University of Louisville. Medical Department. Fifty-ninth Annual Announcement, Session of 1895-'96, with Catalogue of Matriculates and Graduates of 1894\$'95. Louisville, Ky.

The Necessity for proper Care of School Children's Eyes. By Dunbar Roy, A. B., M. D., Professor Ophthalmology and Otology in Southern Medical College, Atlanta, Ga. Reprinted from The Atlanta Medical and Surgical Journal, June, 1895.

Supra-Pubic Cystotomy for Calculus of the Bladder. Trendelenburg's Transverse Incision—Transverse Division of the Recti and Pyramidalis Muscles—Incision of the Bladder without Inflation of the Rectum or Injection of the Bladder. Read before the St. Louis Medical Society, Dec. 22, 1895. By A. H. Meisenback, M. D., Professor of Surgery in the Marion-Sims College of Medicine, St. Louis, Mo. Reprinted from the Journal of the American Medical Association, March 16, 1895.

Literary Notes.

The Atlantic Monthly for July contains the first of Dr. John Fiske's promised historical papers. The subject treated in this issue is The Elizabethan Sea Kings. Such picturesque historical characters as Raleigh, Drake, and others of their time become doubly attractive when described by so charming a writer as Mr. Fiske.

Another series which promises delightful reading describes An Architect's Vacation. Mr. Robert S. Peabody, the well-known Boston architect, is the author, and the first paper treats of Rural England.

Percival Lowell's papers on Mars are continued, the subject of the third being Canals. As these papers progress, they give more and more reason for the belief that Mars is inhabited. Special stress is laid in this paper on the artificial appearance of the canals on the planet.

Henry J. Fletcher, who is making a study of the railroad question, contributes an important article upon A National Transportation Department.

Among other features will be a scholarly article by William Everett, called The Ship of State and the Stroke of Fate; The Childhood and Youth of a French Macon; another delightful number of George Birkbeck Hill's Talks over Autographs; powerful installments of the two serials; a short story by Robert Beverly Hale, entitled A Philosopher with an Eye for Beauty; poems by Louise Chandler Moulton, Henry van Dyke, and Clinton Scollard; book reviews, and the usual departments.

Houghton, Mifflin & Co., Boston.

LIPPINCOTT'S MAGAZINE FOR JULY, 1895.—The complete novel in the July issue of Lippincott's is "A Social Highwayman," by Elizabeth Phipps Train, author of "The Autobiography of a Professional Beauty." It is a tale of New York society with a hero in whom accomplishments and virtues were incongruously joined with highly objectionable habits—a sort of urban and modernized Robin Hood.

Francis Lynde furnishes a tale of the west, "The Strike in Pinon Gulch;" Will N. Harben one of the south, "Matt Digby's Meddling," and Lieut. Charles Dudley Rhodes one of the army, "The Recall of Flathers." Yet shorter stories are "McGheoghan's Lapse," by the late Prof. Willis Chamberlin, and "From Four to Five," by C. K. E.

Charles Morris gives an account of "The Railroad Invasion of Asia;" J. Kumpei Matumoto explains the mysteries of "The Tea Ceremony of Japan," and Alvan F. Sanborn describes "The Great Market of Paris."

"The whole duty of Woman, as understood by Man in the Fourteenth Century," is an interesting paper by Emily B. Stone, with quotations, which read somewhat jocosely now, from documents of that age. As a pendant to this, Prof. H. H. Boyesen has a lively and extremely modern article on "The New Womanhood."

"Our National Extravagance" is exposed and deplored by Frances Courtenay Baylor. Under the heading, "Facts in Fiction," Frederic M. Bird gives reasons for thinking that the two are best apart, verisimilitude not verity, being what is wanted in fictitious narratives.

The poetry of the number, besides couplets by Grace F. Pennypacker and Calvin Dill Wilson, is by Celia A. Hayward, Juliet V. Strauss, and Clinton Scollard.

While at this time other magazines are pressing their claims to the favor of the intelligent public, those of Littell's Living Age are not likely to be forgotten by those who know what its services have been in the spread of the best periodical literature throughout this continent.

The price of the magazine, \$8.00 a year, is small in view of the vast quantity and high quality of its contents, a year's numbers forming four large octavo volumes of 824 pages each. As a special inducement, to any who desire to make a trial subscription, the twenty six numbers, forming the first half of the year 1895 (January to June inclusive), will be sent for \$3.00. To any one remitting \$6.00 in payment for the nine months, April to December inclusive, the thirteen numbers forming the first quarterly volume of 1894, will be sent free.

Perhaps no better exhibit could be found of the progress and expansion of thought in the different fields of literature, politics and science during the last half century than a complete set of Littell's Living Age would present. Each volume is a mirror reflecting the living literature of the months it covers.

Published by Littell & Co., Boston.

The editor of the Review of Reviews, in his running comment on "The Progress of the World" in the June number, reviews the Cuban situation and England's Nicaraguan relations at some length; he also summarizes the probable results of peace in the far East. Other international

matters which receive attention in the editorial pages of the Review are the relief of Chitral, German and Austrian politics, France and the Nile, the new Speaker of the British House of Commons, elections in Greece and Denmark, the pope's Encyclical to England, and the school question in Manitoba. On the side of home politics, considerable space is devoted to the silver controversy, the annulment of the income tax and the prospects of silver service reform.

THE POPULAR SCIENCE MONTHLY FOR JULY, 1895.—The third paper, dealing with the Dancer and Musician, in Herbert Spencer's series on Professional institutions, appears in The Popular Science Monthly for July. This number contains also an occasional article by Mr. Spencer, under the title Mr. Balfour's Dialectics, in which he discusses the position of Balfour's Foundations of Belief as to things supernatural. Dr. Andrew D. White, in Beginnings of Scientific Interpretation, tells how the pioneers of scientific investigation of the Hebrew Scriptures were suppressed and how their views began to win acceptance. Under the title The Bowels of the Earth, the latest views of geologists as to the condition and material of the inmost parts of our globe are given by Alfred C. Lane. Dr. C. F. Taylor writes on Climate and Health, showing that there are other things besides temperature to be considered in selecting a climate for an invalid. Prof James Sully, in his Studies of Childhood, concludes the subject of Fear with a discussion of fear of animals and fear of the dark. Charles H. Coe contributes an account of The Armadillo and its Oddities with an illustration. In A Medical Study of the Jury System the way in which the unwholesome and confusing conditions of an ordinary jury trial interferes with sound judgment is pointed out by Dr. T. D. Crothers. The question Why Children Lie is discussed by Dr. Nathan Oppenheim, who sees a frequent cause in disorders of mind or body. How far degenerate and diseased conditions can be inherited is discussed by M. Charles Fere under the title Morbid Heredity. John P. Lotsy, Ph.D., writes on Herbaria in their Relation to Botany, and there is a Sketch of William Cranch Bond, the astronomer, with a Portrait and a picture of the house that served as the first observatory of Harvard College. In the Editor's Table a scientific view of Social Evolution is given.

New York: D. Appleton & Company. Fifty cents a number, \$5 a year.

The July number, beginning Volume II. of The New Science Review, is largely devoted to the philosophy of science, and to the elucidation of some mooted questions which will doubtless prove of interest to scientific students. These problems are not treated technically, but are handled in a manner simple enough to bring them within the comprehension of the general reader. The opening article, Major-General Drayson's "History

of a Recent Astronomical Discovery," is one of much importance. This discovery has the great merit of having proved prophetic. It required that the Glacial Age should be much more recent than was believed twenty years ago, and in consequence it was decried by scientists of that day. Recent estimates of the duration and close of the Glacial period agree closely with Major-General Drayson's deductions, and yield a triumphal test of the discovery which is here described. The great importance of a more thorough "Classification of Scientific Knowledge," and the valuable results to which it would lead, are clearly laid down by J. Taylor Kay, a skilled English expert. More popular in handling is H. R. Wray's "Climate and High Altitudes," which is devoted to an exposition of the superior claims of the climate of Colorado for the cure of pulmonary complaints. An attractive exposition of the curious problem of the "Fourth Dimension" is given by Mr. John Dolman, Jr., in an article entitled "The Curvature of Space," in which the peculiar consequences of this hypothesis are strikingly detailed. "Is Life Universal?" This query is made by J. Edward Chappel, and the possibility that life may extend to the domain of the mineral is considered, with a negative decision. Another paper, S. M. Miller's, "The Brain in the Light of Science," deals with the seat of thought and of psychical activity in general, detailing the results of modern research into the organization of the brain and the nervous system, and pointing out the seemingly very close connection between nervous and mental activities. In "Evolution and Teleology," by F. H. Perry Coste, the subject of "blind alleys" in botanical development is closely considered, and doubt thrown on the theory of an inherent, progressive force in nature. "Mental Telegraphy" by C. S. Coles, gives a number of curious instances of the influence of mind, and Henry Wood considers a cognate subject in his interesting review of the possibilities of healing by ideal suggestion. "The Dogmatism of Science" is an old subject, but Mrs. Moore presents some new instances of its spirit. The number contains several other interesting articles, including Lieutenant Patten's clear and succinct explanation of that remarkable invention, "The Tesla Oscillator;" "The Periodic Law of Chemistry," fully detailed by Mr. J. W. Wainwright; and Mr. Hart's interesting suggestion concerning the origin of "The Missing Link," the supposed line of connection between man and the lower animals.

A TREATMENT FOR CANCEROUS CONDITIONS.

This is the title of a very interesting article which appears in this issue of the JOURNAL from the pen of Dr. J. W. Young, of Bloomfield, Iowa. The Doctor's idea of injecting alcohol into cancerous growth, or neoplasms of any kind, which reveal microscopically "nests of cells" is a new idea and strikes me as being a good one. The success which has attended the Doctor with this treatment certainly opens the field for its more extensive use in such conditions.

Notice.

LEXINGTON, N. C., June 15th, 1895.

EDITORS CHARLOTTE MEDICAL JOURNAL:

Dear Editors:—In your very kind editorial notice of my humble self in your June issue you make one mistake. I was not Chief Marshal at the University of North Carolina in 1876, but I was an Assistant Marshal. Hoping you will make the correction, I remain

Very truly yours,

R. L. PAYNE.

The Febrile Reaction After Tuberculin.

Matthes has proved that albumoses may produce the same reaction as tuberculin when injected in sufficient doses even in healthy animals. He has also shown that albumoses and peptones are present in tuberculous lesions, especially when caseating. When albumoses are injected, they produce hyperæmia in parts where like bodies are present. If healthy animals are given albumoses a marked hyperæmia is produced in the alimentary canal, but if the animals are previously starved no such effect is produced. When tuberculin is injected, the reaction is due to the escape into the blood of the albumoses present in the tuberculous tissues. The only part of the body in which albumosee and peptones are present in health is the alimentary canal, and no albumose as such gets into the circulation under normal conditions. A further proof of the above view is that albumoses are found in the urine. The fact of becoming accustomed to tuberculin can thus also be explained, namely, the albumoses have already escaped from the tuberculous tissues owing to the repeated doses.

Rapid Mastication.

We clip the following from the Journal of Mental Diseases, bearing upon this subject:

There is a prevalent idea that slow eating is very favorable to digestion, but this is largely fallacious. The important point is not that we eat slowly or fast, but that when we do eat we chew with energy. Of course, where the haste is due to some mental anxiety, this may injuriously inhibit the secretions. Slow eating begets a habit of simply mumbling the food without really masticating it, whilst the hurried eater is inclined to swallow his food before proper mastication. Hence, hurried eating is bad, but rapid mastication is advantageous. It concentrates our energies on the act in question, and hence more thoroughly accomplishes it. Moreover, energetic chewing stimulates the secretion of saliva in the most favorable manner. These various points are so commonly misunderstood, at least by the laity, that they demand our frequent attention.

Pneumococcus Infections in the Course of Erysipelas.

M. Roger recently contributed a very interesting paper to the *Revue de Medicine* with the above title. The author shows that many of the inflammatory complications which occur in the course of erysipelas are in reality due to a secondary invasion of the pneumococcus and not to the streptococcus of the erysipelas. In this paper the author chiefly deals with the pulmonary, peritoneal and meningeal complications, and gives clinical and pathological accounts of many cases which he has observed. Of these, most stress is laid on the pneumonic complications; the onset of these is usually insidious, chiefly marked by an increase in severity of the patient's general symptoms, some dyspnoea, profuse sweating, and occasional purulent expectoration; the course is rapid, either ending in resolution or death, and there seems to be a special tendency for the disease to attack the seemingly young and vigorous. The chief localization is nearly always the base of the right lung, and there physical signs of various intensities can usually be recognized. The onset of the pneumonia does not usually modify the existing temperature to any extent. Pathologically the lesions are found to be those of broncho-pneumonia, the diseased lung is found to be heavy, homogeneous, and dark in color, sinking in water, and on section exuding a large quantity of dark fluid. The microscopical appearances varied greatly, but in all cases the alveolar walls were infiltrated with leucocytes. Careful bacteriological experiments were made in all the author's cases, and seemed to prove the pneumococcus the chief factor, and the presence of the pneumococcus in all these cases, and the virulence it presented, seemed sufficient reason for rejecting or at least putting in the background the influence of the streptococcus. After giving some account of the history and literature of the subject, the author goes on to say that he believes the essential cause to be the lowering of the patient's resisting powers by the erysipelas, and so allowing the pneumococcus to make its attack felt.

How Infants are Fed in France.

It is not generally known that in France it is forbidden, under severe penalties, for any one to give infants under one year any form of solid food, unless such be ordered by written prescription, signed by a legally qualified medical man. Nurses are also forbidden to use, in the rearing of infants confided to their care, at any time or under any pretext whatever, any nursing bottle provided with a rubber tube. Several other similar and equally stringent laws have recently been enacted by the French Government, which, despairing of obtaining any increase in the birth-rate in their land, is now turning its attention to the saving of the few children that are born.

The Treatment of Posterior Urethritis.

This is the subject of a very interesting paper that we have the pleasure of publishing the original department of this issue by a distinguished colleague, Dr. Joseph L. Bauer, of St. Louis, Mo. Dr. Bauer is one of the best known practitioners in his large and well known State. He has been engaged in literary work for many years, and has possibly contributed as many valuable papers to Medical Journals as any man in the West. His paper is one of the best that has ever appeared in the columns of this JOURNAL, and we take special pride in calling attention to it.

Vaccination.

Dr. Joseph Priestly, in the British Medical Journal, gives several interesting facts regarding small-pox in an ill-vaccinated community. Among three hundred and sixty-two children, but one-fourth were vaccinated. There were three hundred and forty-seven cases of small pox and among them there was not a single case of a vaccinated child under ten years of age. Fourteen showed forcibly the beneficial effects of vaccination extending into adult life. The average stay in the hospital of the unvaccinated cases was 44.2 days, that of the vaccinated, 28.6 days, a difference of more than fifteen days. Among the vaccinated, the percentage of the severe attacks was 11.20, against 88.70 for the unvaccinated cases. In nearly two-thirds of the unvaccinated cases complications arose in the course of the disease. Of the vaccinated and the re-vaccinated less than one-fourth were complicated.

Dr. Hill reports that of six hundred and fifty-one cases of small-pox, five hundred and sixty were in vaccinated persons, of the latter twenty-six died, a death rate of 4.6 per cent. There were sixty-three unvaccinated cases, with eighteen deaths; a death rate of 28.6 per cent.

Alcohol in Hospitals.

Dr. Gairdner, of the Glasgow Fever Hospital, says: But whatever the case as to the social and personal use of alcohol the following figures show that in the treatment of grave general disease, as seen in the Western Infirmary, its use is very limited indeed. The infirmary contains 400 beds. The following facts as to last year's bill for alcohol have been supplied to Dr. Gairdner by the superintendent: Port wine, £12; claret, 18s. 6d.; champagne, £8 9s. 0d.; brandy, £38 12s. 0d.; whiskey, £61 4s. 0d.; gin, £1 14s. 0d.; malt liquors, £14 16s. 0d.; total, £137 13s. 6d. We need scarcely say that there is no interference—as these facts show—with the full discretion of the medical staff in the use of this medicine, any more than in the use of others. There can be little doubt that in all hospitals great care in the use of alcohol is shown. Dr. Gairdner's letter and facts will tend to confirm this.

Medical Societies.

The medical societies of Paris and London seem to be suffering from plethora. According to the *Journal de Medecine*, the members of the *Academie de Medecine* at their meeting on April 16th, after transacting some purely formal business, had, figuratively speaking, to sheathe their swords for lack of argument, there being no communications to discuss.

Serum Therapy in Syphilis

Drs. Gilbert and Fouriner, eminent French specialists, have published the results of some new experiments which they have undertaken in the treatment of syphilis by the serum of immune animals and men. They commenced by repeating in a single case the method adopted by Pellizzari, injecting, however, much larger doses of the serum. The serum was obtained from the blood of a patient with a clear history of old syphilis, and suffering from tabes, but in a very satisfactory general condition, and from another patient who had had gummata and was under treatment for obstruction of the vena cava superior. The subject of the experiment was a patient until then untreated, having two infecting chancres on the penis, double buboes, anæmia, headache at night, aching in the joints and bones, and a general maculo-papular eruption, most intense on the trunk. He received 304 c.cm. of serum in twenty days, the average dose being 35 c.cm. During that time the chancres cicatrised, his pains vanished, the general condition was much ameliorated, and the eruption disappeared except a slight lingering roseola. The eruption was earliest influenced, and soonest gone on the front of the abdomen at about the level at which the injections were made. This local action was very striking. The new method essayed by the authors was to insert under the skin of certain animals the serum of the blood, chancres, and papules obtained from patients suffering from primary and secondary syphilis, with the object of increasing the natural antagonism of the blood of these animals to the syphilitic poison. A she goat received 180 g. of blood in fifteen days in ten injections. A dog received 170 g. of blood in eight injections in forty-five days. A she goat received under the skin in the course of two months 9 syphilitic chancres. A dog received in three months 4 chancres and 2 papules and 120 g. of blood in four injections, 60 g. of this being injection into the cavity of the peritoneum. The patients treated by the serum obtained from the animals thus prepared were 17 in number. Of these, 7 underwent the usual antisymphilitic treatment concurrently with the serum injections. All improved; but the authors hesitate to ascribe much force to these cases. The results in the other 10 cases were contradictory. While some of the cases showed marked improvement under the treatment, others appeared to be uninfluenced by it. A patient may be in-

stanced who presented at the commencement of the treatment three cicatrised preputial chancres, roseola confluens, and headaches worse at night. In the space of twenty days he received 48 c.cm. of serum in seven injections. The roseola paled, but nevertheless persisted; hence, although the man's other symptoms and general condition were favorably influenced, the authors are inclined to regard the result as negative. Further researches are in progress.

The Pharmacy of Diphtheria Antitoxine.

Already in the last number of the *Therapist*, as well as on earlier occasions, attention has been called to the importance of appreciating the fact that inert and even dangerous preparations are sold as antitoxine or serum remedies, as well as the genuine and active medicament. As the therapeutical value of the true remedy becomes more established, so does this question press more to the front, because it becomes more and more evident that the most weighty reason that still keeps honest and fair-minded practitioners from recognising the new therapy as the best, is their personal experience with inferior or bad preparations.

It should be now generally known and every effort be used in the interests of humanity to make known that reliably active preparations are put up in clear liquid form in small sealed phials, bearing an official guarantee of the antitoxic value, concentration and aseptic condition of the preparation. The necessity and wisdom of this precaution in ensuring the safety of the patient and reputation of the physician becomes daily more apparent. The new remedy for diphtheria is not only the first representative of a completely novel departure in therapeutics, but because of its want of amenability to ordinary physical and chemical tests, novel and extraordinary measures must be taken to make certain that pure and strong preparations only are placed in the hands of the medical profession.

In sympathy with the tendency of pharmacy nowadays there has, however, been a distinct leaning amongst medical men to expect that a solid preparation and not a solution should be supplied. To those who have closely followed the development of antitoxine therapy, the production of solid preparations is obviously a retrograde movement and not an improvement.

In the days when the antitoxines were first known, and before they were regarded as remedial agents, Dr. Aronson and other prominent workers also thought that a solid preparation was the goal of success, and Dr. Aronson especially, by an ingenious process of concentration and removal of inert albuminous matters, did actually produce a solid antitoxine of a high degree of physiological activity. In fact this process was the subject of the patent that produced so much sensation in this country, although, so rapid were the advances of this investigator that

long before the patent had attracted public attention, Dr. Aronson had, as publicly announced in the Berlin Medical Society, renounced the patented process and the idea of a solid antitoxine, in favor of a liquid preparation, the immunising value of which was increased to a degree of remedial activity by discoveries already described in these columns relating to the production of a highly antitoxic serum from horses.

The considerations that led up to this decision, and which have been adopted by every authority on the subject, are perfectly intelligible. Albuminous bodies of the class to which antitoxines belong are of such delicate nature, and so prone to decomposition, that they suffer a very considerable and variable loss in physiological activity by any process of physical or chemical isolation or concentration at present known. The decomposition products swell the total amount of inert ballast always associated with the antitoxic principle, all of which have to be brought into solution again, with more or less trouble, before the preparation can be used for injection, so that both as regards purity and concentration, the last position of affairs is worse than the first.

Yet, although these facts are well known and recognised amongst specialists, it does not prevent the natural preferences of the medical man, who cannot be cognisant of such details, being tempted under the plea of elegant pharmacy with forms of antitoxine preparations that present no real advantage, and bring possible and probable drawbacks in their train.

There is therefore need that this side of the pharmaceutical question should be made known, and in the Cincinnati Lancet, of 25th May last, Dr. A. P. Ohlmacher expresses a similar opinion on the subject. "It may be asked," he says, "why the remedy cannot be prepared and dispensed in a dry state or why the antidotal principle, whatever it may be, cannot be isolated in a pure state from the serum. Dried blood serum may be readily prepared, but, like other organic substances of a similar nature, the desiccated serum becomes an ill-smelling, bacteria-laden substance. With the present uncertain state of our knowledge of chemistry of even the best known proteids, it is scarcely possible that we shall succeed in isolating that substance of whose exact nature comparatively nothing is known—that is, the antitoxine contained in the blood serum of an immune animal."

In contrast to these adverse opinions stand the favorable reports of the remedial activity of the properly prepared antitoxine solution that come in on every side. The following experience with Dr. Aronson's antitoxine is of interest as a communication by letter from Dr. Sokalski, of Ladyshin, in the Podolsch province.

The first case in which it was employed was a gangrenous form of diphtheritis in a seven-year-old Jewish boy, with membrane attached to the throat, larynx, gums, etc., and swollen glands distinctly visible from outside. Seen on the sixth day, temperature 40.1° C., and 10 c.c. Aron-

son's antitoxine injected. On the next day the temperature had fallen to 38° C., and on the fifth day from the injection the patient was perfectly recovered, without need of further injections. The brother of this patient, who had been attacked in the same house with diphtheria, and not treated with serum, died.

The second case was a more severe type of diphtheria in a peasant boy of 10 years old; membrane on larynx, considerable swelling of glands, temperature 30.4° D., ill for three days. Injected on the 21st April with 10 c.c. Aronson's antitoxine, in $2\frac{1}{2}$ hours the temperature fell to 38.4° C., on the next day was 37.7° C., and on the third 37.1° C., and on the fourth the patient was convalescent. On the day of commencement of treatment patient's brother died, not treated with serum.

The third case, also a severe form of diphtheria, was a peasant boy 5 years old; membrane on larynx, swelling of glands, temperature 39.8° C., ill for three days. 10 c.c. Asonson's antitoxine injected, and convalescent on fifth day.

His experience, adds Dr. Sokalski, convinces him that Aronson's antitoxine heals surely, quickly, and without unpleasant sequelæ.

The Contagious Cancer.

At the eighth meeting of the French Congress of Surgery, recently held at Lyons, Dr. Guellion, of Rhemes, presented a communication embodying the results of an inquiry as to the contagiousness of cancer, begun in 1891. The number of cases collected by him in which cancer appeared to have been communicated by contagion was forty. In the author's opinion his facts show:

1. That cancerous affections are unequally distributed in adjoining districts, and that neither heredity nor consanguinity is adequate to account for this.
2. That there are real cancer houses, the dwellers in which, though having no link of blood relationship between them, are successively or simultaneously attacked by malignant tumors.
3. That cases of cancer attacking two persons living together are relatively frequent. Of one hundred such cases, published and unpublished, in 85 the persons attacked were man and wife; in eight they were medical practitioners who had been specially engaged in the treatment of cases of malignant disease.

A few months ago I was suffering from hepatic torpor and I am happy to say that after taking two bottles of Peacock's Chionia I feel greatly relieved, and that Chionia has done me more good than any other preparation I have ever used. In hepatic disorders I shall always give it preference to other remedies, knowing its therapeutic value.

Chicago, Ill.

T. ED. DEPONDROM, M. D.

Diagnosis of Ureteral and Renal Diseases in Women.

In a paper read at the recent meeting of the American Medical Association, Howard A. Kelly considered three methods of diagnosis:

1. Inspection; 2. Catheterisation of the ureter; 3. Catheterisation of the pelvis of the kidney itself.

1. Inspection is carried out as follows: (a) The patient urinates. (b) She is placed in the knee-breast position. (c) A 10 per cent. solution of cocaine is applied to and within the urethral meatus for five minutes. (d) The orifice is dilated when necessary, with a single conical dilator up to nine or ten (these measurements always mean millimetres in diameter). (e) A simple cylindrical vesical speculum provided with an obturator is next introduced into the bladder, and the obturator withdrawn, when the bladder at once balloons out with air. (f) The examiner, with a head mirror on his forehead, now reflects into the bladder a light (preferably electric, held as near the sacrum as possible). (g) By turning the speculum thirty degrees to right or left, and dropping the handle, the ureteral orifice comes into view. The inspection shows: (1) The appearance of the orifice and its surroundings. In inflammatory disease of the ureter or kidney this is often red, oedematous, puffed out, mammillated, or even slightly ulcerated. In tuberculous disease descending from the kidney the infection may be seen thickly strewed over a triangular area, with the apex at the orifice. (2) The character of the fluid seen issuing from the orifice will often settle the diagnosis and determine the plan of treatment. In cases of hamaturia and pyelonephritis there is no difficulty in picking out the affected side, and seeing, by the clear urine issuing from the other side, that it is sound. When no discharge takes place it may be started by compressing a renal tumour bimanually. (3) The urine normally flows in intermittent jets of a clear, limpid fluid. If one side discharges in this way and nothing comes from the other, there must be some obstructive disease. Pus accumulations, when they escape, are likely to flow in a continuous sluggish stream. It is possible to catch the urine as it escapes directly in the speculum, and take it up directly in the speculum, and take it up for a microscopical, chemic, and bacteriological investigation, without once passing a catheter into the ureter.

2. Catheterisation of the Ureters.—Attention must be paid to the following details: (1) An aseptic speculum, (2) cleansing the ureteral orifice with a pledget of cotton held in Kelley's mouse tooth forceps, (3) a sterile catheter not contaminated by handling, (4) avoidance of contamination of the catheter during the introduction, (5) placing the sterilised outer end (protected up to this time with a piece of rubber tubing) in a test tube, to collect the urine as it flows from the ureter without contamination. Kelly uses three kinds of catheters: First, and by preference, a flexible silk catheter, 30 cm. long and 2 mm. in diameter, which is engaged in the ori-

fice of the ureter, and pushed in for 12 or 15 cm., and left there to drain the ureter as long as desirable; secondly, a simple straight metallic catheter, which is more likely to bruise the ureter; thirdly, a short metallic catheter, introduced entirely within the ureter and bladder, but discharging through the ureter by a fine rubber tube. Both ureters are easily drained at the same time with the flexible catheters. By noting the time the catheter is put in and taken out the rate of flow is determined; and by the chemical, microscopic, and bacteriological study the relative value of the kidneys is settled.

Appendicitis.

At the recent meeting of the American Medical Association, J. B. Deaver, of Philadelphia, read a paper on this subject. He insisted on the use of the term "appendicitis," and the avoidance of confusion from the use of the designations "typhlitis" and "perityphlitis." The diagnosis was based upon the initial pain, the gastric disturbance, the situation of the point of greatest tenderness, the torpidity of the bowel, following closely upon the ingestion of indigestible substances or even of digestible substances when the integrity of the gastro-intestinal mucous membrane has been impaired, as from sudden exposure to cold, fright, grief, etc.; together with rigidity of the lower right quadrant of the abdominal wall, nausea, or vomiting, a disposition to flex the thighs upon the abdomen, restricted abdominal respiration, increased pulse rate, elevation of temperature, intense thirst, pain referred to the back, and abdominal distension. The causes of appendicitis included the presence of foreign bodies, indiscretion in diet, exposure to cold or wet, occlusion of the lumen of the appendix from various causes. As all inflammations of the appendix were septic, drainage was essential for recovery. Early operation was a conservative and not a radical procedure. The proportion of cases in which but one attack occurred and was followed by recovery was exceedingly small as compared with those in which the attack was repeated and a condition of invalidism existed in the interval. Early operation was, as a rule, a comparatively simple abdominal procedure. Operation at the end of an attack or in an interval was usually more difficult. Remonstrance was made against the median incision, first, on anatomical grounds, second, because the peritoneal cavity could not so well be protected against infection. The two incisions to be considered were that through, or immediately to the inner side of, the linea alba (not cutting the rectus but pushing it inward); and that through the abdominal walls according to the method of McBurney. In any event the incision should be small. In the discussion, Murphy, of Chicago, laid particular stress on making the diagnosis at once, and operating, if possible, within twelve hours after the commencement of the illness.

Chronic Bright's Disease.

Dr. L. C. Allen, of Hoschton, Ga., writes very interestingly about this difficult and tedious disease in this issue of our JOURNAL. I like the Doctor's classification. It is simple and not a complication of numerous names for confusion. His treatment is a warm climate, he recommends Thomasville, Ga., a liberal and judicious diet, and uniform clothing. He gives iron and diuretics, but the remedy with which he has been quite successful is Norwood's tinc. of veratrum viride. He has used 15 minims at one time, hypodermically. It is a good paper.

Variety of Diet.

A recent number of the British Medical Journal contains quite a lengthy paper with the above title. The following is a part of it:

A number of facts conspire to throw a somewhat new light on questions of dietetics, or at least to show that these problems are more complex than they have been by some supposed. It has been usual to speak of a "mixed diet," meaning thereby one composed in part of animal and in part of vegetable food, one containing proteids, fats, and carbohydrates, approximately in such proportion as they are required by the organism; but when we see the effect upon disease produced by very small quantities of certain selected portions of animals commonly used as food, such as thyroid gland, suprarenal gland, and bone marrow, the suspicion arises that these are but the more pronounced expressions of a widespread principle, and that such marked differences in therapeutic effect between certain organs may be associated with similar differences in nutritional value between the various portions and kinds of meat which we consume. We may surmise too that the modes of preparation may have a considerable influence, and that while good cooking may be, as it should be, a preparation for and an aid to digestion, certain processes in cooking may do much more harm to the nutritional value of our food than is explained by the mere change in its physical properties, the hardness, toughness, etc., which they produce. The destruction of the antiscorbutic properties of milk by condensing, overcooking, and sterilisation, is a case in point, and we commend to the farmer the interesting question whether and how far the prolonged freezing of meat may interfere with its finer nutritional value. Healthy men, who have a great reserve of digestive power, can derive nutriment from almost any food, but for people of feeble frame a mixed diet must mean one in which variety of substances exists of whose nature and of whose differences *inter se* we as yet know nothing. The healthy man, by taking plenty, finds among it what he wants, but until we know much more than we do of the varied value of different foods and different modes of cooking, we must at least afford variety to our invalids, and protect them from the one thing needful for their nutrition.

Backward Displacements of the Uterus. Its Surgical Treatment.

No subject in surgery has received more attention and study than this one. It strikes me that the following conclusions arrived at by Dr. Cushing are worthy of our consideration :

"Many cases of retroflexion and retroversion, if uncomplicated, cause little or no disturbance, and, therefore, require no operation.

Severe retroflexion in virgins, giving rise to symptoms sufficiently severe, is better relieved by operation.

Cases that resist simple measures, as the pessary, are usually found to have some complication that necessitates operation. The only operation worthy of trial are the Alexander-Adams operation of shortening of the round ligaments by abdominal section and ventro fixation. Alexander's operation is subject to the following limitations: freely movable uterus, exact diagnosis, favorable anatomical conditions. When these conditions are not present an abdominal section had better be done, and the case treated according to circumstances. If no complications are present, the uterus may be secured in ante-position by shortening the round ligaments internally, and by placing at each cornu uteri a suture passing through the abdominal wall. This operation is regarded as equally safe, and on the average more reliable, than the Alexander procedure."

Laparotomy and Penetrating Wounds of the Abdomen.

Prof. Filippo has reported, in the British Medical Journal, a series of 13 cases of abdominal injury with penetration in which laparotomy was performed. In 6 in which the operation was merely exploratory, speedy cure resulted; in 5, one or more wounds of the intestines or stomach were found, and of these one died, owing to the fact that one wound was overlooked at the time of operation. In 5 cases the left lobe of the liver was injured, and there was copious hæmorrhage; of these, 1 is alive, the other died 33 days after the operation from pneumonia. The author concludes that laparotomy, as a rule, gives good results in these cases, if done early. During the operation all the abdominal viscera should be most carefully examined, lest any small wound be passed by. Lavage of the abdominal cavity with some antiseptic is useful. Subsequent ventral hernia is not to be dreaded, whether incision is made *in situ* or in the linea alba. Suppuration of the abdominal walls is a not infrequent sequel after laparotomy for penetrating wounds.

Torpid Stomach.

If the stomach of your patient is torpid and will not secrete enough gastric juice to digest his food, then give him two or more fluid drachms Seng of before each meal. Seng is the only remedy that will normally increase the flow of the digestive fluids.

Bacterial Absorption from Recent Wounds.

Dr. C. Schimmelbusch and Dr. G. Ricker, of Paris, have published several papers with the above title. In these papers the authors recount their researches as to the rapidity of absorption of bacteria from recent wounds. It was pointed out by Nissen in 1891 that the bacilli of anthrax could be demonstrated in the neighbouring lymphatic glands a very short time after the infection of a wound in rabbits and guinea pigs. Thus it was found that if a wound was made at the end of the foot, in three to four hours afterwards bacilli could be found in the inguinal glands. The researches undertaken by the authors were directed towards proving at what period of time organisms could be found in the blood-stream and various viscera. It was considered inadvisable to trust alone to microscopic examinations, since the number of micro-organisms to be looked for would in all probability be so small as to escape detection; hence the method employed was as follows: Wounds were made near the tails of white mice, and within variable times of the infection the animals were killed and their organs removed with sterilised instruments and chopped up, small portions of them being placed in nutrient materials; any organisms present naturally underwent development, and thus a measure of the amount of absorption of the microbes was arrived at. Naturally the greatest care has to be taken that the value of the experiments is not depreciated by contamination from the skin of the animals; even then, however, the characters of the anthrax bacilli are so marked that no difficulty is experienced in detecting their presence in the cultures obtained.

In the first series of experiments ten white mice were employed, a spore-containing anthrax culture being inoculated in a wound involving the skin, deep fascia and muscles at the root of the tail. In all but one case organisms were found in the viscera, especially the lungs and liver, after an interval of half an hour; and in one case they were even found in the lungs, liver and kidneys within that time. Four rabbits were next treated in a similar way by infecting a deep muscular wound; they were killed at varying intervals up to three and a half hours, but in none of them were organisms found in the viscera.

In order to ascertain whether the laying bare of the muscles had any influence on the absorption of the organisms, a further set of experiments was undertaken in which the subcutaneous tissues were alone infected. In ten cases a subcutaneous wound was made and a drop of a spore-bearing anthrax culture applied without touching the skin, the animal being subsequently killed and the organs examined as before; the viscera contained no organisms except after an interval of four hours. When, however, a subcutaneous injection of the spores was undertaken, two hours sufficed for the bacteria to be disseminated through the system.

Very similar results were gained from the use of anthrax bacilli which

contained no spores. Six mice out of seven which were experimented with showed signs of general infection when killed, at intervals varying from half an hour to four hours.

A further series of observations were made by implanting portions of the internal organs of a mouse which had been previously infected with anthrax into the bodies of other mice, varying intervals being allowed to elapse between the infection and the implantation. When only one hour or an hour and a half intervened, no result followed except in a few cases where suppurative organisms had also found an entrance; but after two hours and three-quarters, three or five hours, the animals always contained anthrax bacilli, although the clinical course of the case was considerably modified and the symptoms diminished in severity, owing presumably to the bacilli being enclosed in the ingrafted tissue, and having to find their way gradually into the surrounding parts. Considerable local œdema was produced, together with patches of necrosis in which multitudes of anthrax bacilli were observed. Moreover, the presence of other organisms in several of the cases probably exercised a considerable influence on the results.

Finally, in order to ascertain whether the nature or size of the organism had any influence on the rapidity of absorption, experiments were made with a considerable number of different forms, including the staphylococcus pyogenes aureus, micrococcus tetragenes, mic. prodigiosus, bac. pyocyaneus, bac. mycoides, etc., and in all very similar results were obtained—viz., a very rapid absorption of the microbes, which could be demonstrated in the internal organs after a very short interval had elapsed.

Bacteria are thus proved to follow the course which it has long been known, is taken by bodies such as Indian ink or globules of fat. Lymphatic absorption of bacteria has long been recognised; now we have it authoritatively shown that they are also disseminated actively along the blood-vessels, even more quickly from a fresh bleeding wound than from one in which there has been time for reparative changes to take place. Such a fact in no way contraindicates local treatment, since it is pointed out that if the local focus of disease can be eliminated, the natural germicidal powers are quite capable of dealing with those organisms which are not virulent, and even with some of the more active forms, provided they are not present in the blood-stream in too great numbers.

READING, PA., June 7, 1895.

THE CALUMET CHEMICAL CO., Philadelphia:

Gentlemen:—I have used the preparations of "Pre Digested Beef Capsules" and "Tri-Digestive Tablets," and have had good results. I should like a fair number of samples of "Pre-Digestive Beef Capsules" for a more thorough trial.

Respectfully,

C. M. BERTOLET.

Serum Treatment for Tuberculosis.

In the May issue of the Journal of the American Medical Association Dr. Ingraham has an article in which he draws some interesting conclusions from results of his observations on injections of the simple primary serum from the blood of the mule in patients suffering from pulmonary tuberculosis. Although the injections were administered for a sufficient length of time for them to manifest any curative properties, Dr. Ingraham states that he is obliged to record that he did not in any individual case see an improvement that would warrant a continuation of the treatment. The effects produced were as follows:

1. A fine rash producing intense burning or itching, which appeared usually from three to ten days following the first administration, and continued for from three to seven days, when it disappeared permanently. Rubbing or irritation of the rash produced large eruptions having the appearance of "water-blisters," which soon disappeared. The intensity of the eruption bore no proportion to the amount of serum injected.

2. Severe pains of a neuralgic character, which only followed the administration of a large amount of serum. These pains appeared with no regularity whatever, neither were they manifested for any certain length of time. In most cases their severity was governed by the quantity of serum injected. These pains did not yield readily to the influence of opiates or any other treatment. They usually appeared near the site of the injection, but occasionally in a remote region.

3. The typical eruption was accompanied by a pronounced rise of temperature. This rise was also present some hours before the eruption made its appearance. The temperature sometimes reached 104° F., or even higher. It remained at its full height, with little or no fluctuation, until the eruption became less intense.

4. Following the disappearance of the eruption the temperature dropped to normal, or even below. If the case was one of acute tuberculosis and had a high temperature, the diminution of fever was as pronounced as in the milder form. The temperature remained low for two or three days, after which it gradually resumed its former stage. In one or two cases the temperature remained low for nearly a week, but eventually it resumed its former height.

5. Swelling of the extremities, lips, and eyelids sometimes accompanied the eruption, but usually subsided as the eruption disappeared.

6. Subsequent injections of serum did not cause a second eruption, though the pain was liable to return if too much serum was given.

Syphilis.

Anemia is sometimes a very important factor in early nerve syphilis. Such cases demand iron and strychnine. Iron may sometimes be combined with mercury in the form of the pil. duo (mercurial pill with exsiccated iron sulphate).—*Medical Standard.*

Hypnotism.

The subject of hypnotism is very ably, interestingly and instructively discussed in this issue by Dr. Chalmer Prentice. From reading the writer's article any one can gather many facts that are new concerning hypnotism. The Doctor is well posted on this subject, as is seen by reading his paper, and is a clear and forcible writer. He believes that the mental state is precisely the same in the induced insanity of the hypnotized, for the time being, as it is in an insane man, and that it is just as dangerous and conducive of just as much harm.

The Future Treatment of Septic Pelvic Diseases.

Dr. Henrotin recently contributed an article to the American Gynec and Obst. Journal with the above title. He thinks that in ten years these affections will be treated in a more definite manner than at present. Having failed to stop the disease within the uterus physicians will not wait idly by whilst peritonitis and cellulitis play havoc and produce incurable destructive conditions. Incipient phlegm in the broad ligaments will be incised and drained early, intratubal disease will be recognized in time for conservative treatment, which will follow the perfection of radical work. In neglected cases, when the appendages are the seat of chronic disease, they will not always be sacrificed; in a young subject drainage of an ovarian or tubal abscess may be followed by cure and restored function. The incision in such a case will be made through the abdominal parietes. But when it is evident that both appendages are hopelessly diseased hysterectomy through the vagina, with complete removal of the appendages, will be practised. Too many radical operations are now performed; ten years hence conservative treatment will save numerous ovaries. When the appendages are physiologically destroyed the uterus will always be removed with them, and, in default of special contra-indicating reasons, by the way of the vagina.

PORTLAND, ORE, May 15, 1895.

THE CALUMET CHEMICAL CO., Philadelphia:

Gentlemen;—After receiving the second installment of your "Tri-Digestive Tablets," I began using them with more confidence than I did at first, and now when I use them, I do so with full confidence, as I think they are just the thing in those stubborn cases of indigestion which give physicians more trouble in low altitudes and moist climates where stomach affections are most intractable and is just the place for "Tuttle's Tri-Digestive Tablets" to get in their fine work. Let me thank you for your kindness in sending me the last installment.

Yours most truly,

W. D. WHEELER, M. D.

Curetting the Uterus and Some of the Accidents Caused by It.

Prof. Pichevin in a paper published in the annals of Gynecology with the above title, enumerates the following among the ill consequences that have resulted from curetting:

1. The production of abortion from the untimely introduction of the curette into the pregnant uterus.
2. Serious after-effects, and even death, from want of observance of strict antiseptic principles.
3. The rupture of a collection of purulent matter encysted in the immediate neighborhood of the uterus—pyo-salpinx, for instance. Should such an accident be thought to have occurred he advises either immediate laparotomy or vaginal hysterectomy.
4. In very rare cases uterine atresia has been produced by, or has followed curetting.
5. The most frequent accident has been perforation of the uterus by the curette.

The consequences of this accident have generally been insignificant; indeed, according to Dr. Pichevin, a Vienna gynecologist was in the habit of pushing the sound through the uterus into the peritoneal cavity with the object of demonstrating the harmlessness of the proceeding. No doubt it is harmless in a large proportion of cases; but Raffay in a recent thesis, while reporting three cases that recovered, records one also where death occurred. It seems clear that perforation by the curette is more likely to take place when curetting is done after a confinement at term, or after premature delivery, than when performed after an abortion in the earlier months. As regards the causes of perforation, sometimes it may be due to want of skill or care on the part of the operator; in some cases it may be due, as Auvard has insisted, not to the curette, but to the method of dilatation employed prior to the curetting. Metal dilators with expanding blades are very likely to cause such an accident, but it has been known to occur when the dilatation was effected by Hegar's dilators. Auvard thinks the curette merely discovers a perforation that has been already made. Finally, it seems that there are certain very rare cases where the wall of the uterus is so thin at some point that perforation may be inevitable, no matter how gently the curette be used. The diagnosis of perforation may sometimes be made erroneously. Several authorities have noticed a sudden enlargement of the uterine cavity to occur during curetting. This, of course, allows the curette to pass in much further than before, and might easily lead a nervous operator to think he had perforated the uterus. A correct opinion may be formed by ascertaining the length of the cavity with the sound at two or three different points.

DENNIS, Ky., Jan. 25, 1888.

PARIS MEDICINE Co:—Gentlemen: I have administered your Tasteless Syrup of Quinine, and, with children, it more than gives satisfaction. It is the sine qua non for children, and I shall take pleasure in recommending it to the attention of our druggist, and the public generally.

J. R. McCLELLAN, M. D.

The Treatment of Tuberculosis by Creasote and Peppermint.

At a recent meeting of the American Medical Association, De Lan-
cey Rochester presented a report of 34 cases of pulmonary tuberculosis
treated by peppermint inhalations with creasote internally, according to
the plan recommended by Carasso. The Italian practitioner reported 44
cases with 38 recoveries and 6 deaths. The average duration of treat-
ment was 60 days, and the recovery in all the recorded cases was said to
be permanent. Rochester gave the method a trial, as he had had the best
results in cases in which the inhalation of menthol in petroleum oil had
been combined with the internal administration of increasing doses of
creasote. He treated 34 cases by Carasso's method in the Erie County
Hospital, and came to the conclusion that while the internal treatment is
unphysiological and very likely to cause digestive disturbance, the inha-
lation of peppermint is valuable and deserves further trial. Amos, of
Baltimore, confirmed Rochester's statements by a report of between 85
and 90 cases which had been under treatment about a year. In only two
was there marked improvement, and in one of these this was doubtless
due to the altitude and rarefied air of a mountain home. Amos, however,
particularly recommended the inhalation of peppermint, saying that pa-
tients even at the point of death were benefited by it. Rochester, in
further discussion, strongly advocated the administration of increasing
doses of creasote, commencing with 1 minim and increasing it until a dose
of 15 minims was reached. His cases had steadily improved by careful
attention to their general condition, but without any other medicine than
creasote. Irritation of the stomach might be in great measure prevented
by giving the creasote not in water but in claret or in mucilage of acacia.

Dr. Seibert, in a paper read before the Section on Pediatrics, New
York Academy of Medicine, March 14th, 1895, states:

I have used alcohol in typhoid patients, children and adults, in pri-
vate and in hospital practice during the last seven years only in emer-
gencies. Ninety-five per cent. of my patients never taste it. Even during
convalescence, alcohol can only retard and impair the digestive ability of
the stomach by causing catarrh and decreasing its motion, thereby giving
rise to abnormal bacterial activity in spite of hydrochloric acid, as Kauf-
man, of New York, has recently shown (*Berl. Klin. Woch.*, Feb., 1895);
and this at a time when this organ is expected to perform more work, just
after having been weakened by the disease and possibly the medicines of
the physician.

England (says the *Medical Record*) has but 552 medical students;
there are 8,000 in the German universities, but the United States have 13,000.
We could loan England a few thousand and have plenty to spare.

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The University College of Medicine was organized and chartered with the independent Departments of Medicine, Dentistry and Pharmacy.

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To accomplish this end, all available means have been employed, and the University College of Medicine is fully equipped with five practical Laboratories and all the latest and most approved methods of instruction, special college buildings having been erected for this purpose.

Richmond, by reason of its location and surroundings, offers decided advantages to the Medical student. It is second only to New Orleans in population among Southern cities, and on account of its numerous Hospitals and Dispensaries, of which it has eleven, as well as from the location in this City of the different public charities, both State and Municipal, it affords better clinical advantages than many larger cities, for this clinical material is not divided among so many different Medical institutions.

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This preparation combines the specific properties of fresh Saw Palmetto Berries, with the nutrient and tonic qualities of the Hypophosphites of Iron, Lime, Potash and Manganese, and is entitled to rank as the most valuable agent in reconstructive and invigorative therapy.

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Saw Palmetto Berries, fresh,.....	120 grains.
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Saw Palmetto has a pronounced action upon the glands of the reproductive organs, tending to increase their activity and promote their secretive faculties. It has recently come into great prominence with the profession as a most valuable remedial agent in prostatic troubles, presenility, difficult micturition, irritated bladder and inflammation of the Urethra.

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The disagreeable taste of both the Cod Liver Oil and the Saw Palmetto are completely disguised without sacrificing in the smallest degree the medicinal virtues, and the combination is identical with our PALMETTINE HYPOPHOSPHITE, with the addition of 25 per cent. of Cod Liver Oil as represented by its active principles.

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Dose same as Palmettine Hypophosphite.

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Mention Charlotte Medical Journal.

Renal Surgery.

The instructive address to the American Medical Association by Dr. Joseph Ransatoff, of Cincinnati, entitled *Stone in the Kidney and its Operative Treatment*, is in many respects of universal interest, and we regret that the exigencies of space will not allow us to quote more than the conclusions which summarize the paper. These, given shortly, are as follows:

1. An absolute diagnosis of stone cannot be made.
2. Nephrolithotomies must be divided into those of necessity and of choice.
3. Pyuria and microscopical hæmaturia, as evidences of commencing destructive changes, are positive indications for operative exploration.
4. The oblique incision is to be preferred, for the ease with which it permits the exploration of the entire kidney.
5. Acupuncture is not to be relied upon.
6. Incisions should be made along the convex border, and only when the circulation is controlled by digital compression.
7. Incisions into the pelvis of the kidney, for exploration and removal of a stone, are to be avoided.
8. Primary nephrectomy for stone should be reserved for extreme cases.
9. Primary union by suture, when feasible, makes nephrolithotomy an ideal operation.
10. Tight packing of the kidney wound and perirenal space endangers the nerve supply of the colon.
11. Nephrorrhaphy should form the closing act of every operation which has seriously disturbed the relations of the kidney.

POLLARD, ALA.. June 7, 1885.

THE CALUMET CHEMICAL CO., Philadelphia:

Gentlemen:—Yours of the 5th inst. received and noted. It gives us much pleasure to say that your elegant preparations "Tri-Digestive Tablets" and "Pre-Digested Beef Capsules" have been in my hands most efficient remedies. I shall continue to use them in my practice.

Faithfully,

J. T. B. FORD, M. D.

Having his vermiform appendix removed has been rather a good thing for Oscar Tully, of Yardville, N. J., for the obstruction was found to be a large pearl, which he must have swallowed in an oyster, and for which he has refused two hundred dollars.

According to Gaillard's Medical Journal, sudden deaths of aged bicyclists from heart disease are beginning to be reported. Aged people, and those who are afflicted with heart disease, should not indulge in this exercise.

Twenty-five per cent. of the Johns Hopkins Medical School students are now women.



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IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for **Stability, Strength, Purity and Excellency.**

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIFFE, — OPEN SORES: ABSCESSES, CARBUNCLES, ULCERS, — INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS, — INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER, — WOMEN'S WEAKNESSES: WHITES, LEUCORRHEA, — SKIN DISEASES: ECZEMA, ACNE, Etc.

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DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN, AND ALL INFECTIOUS DISEASES OF THE ALIMENTARY TRACT.

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SOLD BY LEADING DRUGGISTS.

An Eligible Remedy in Gout.

It is a well known fact that vegetable acids by means of the chemical processes in the organism are converted into carbonic acid, which uniting with the alkaline bases forms carbonates and increases the alkalinity of the blood and urine. Aside from this the vegetable acids, as citric and tartaric acid, have a distinct diuretic effect. For many years the alkaline citrates, tartrates and acetates have enjoyed a high reputation in the treatment of gouty states, that is in conditions in which there is an imperfect elimination of uric acid from the system and a tendency for the deposition in the kidney tubules, joints and other tissues, owing to diminished alkalinity of the blood. It was found, however, that the efficacy of tartaric acid as an antilithic could be greatly augmented by combining with a derivative of Piperazine, the value of which as a solvent of uric acid is now well recognized. A tartrate of dimethylpiperazine has accordingly been introduced under the name of Lycetol, which has proved a very eligible remedy in gouty affections. Lycetol is well suited for continued administration by reason of its exceedingly pleasant taste when dissolved in water, recalling that of lemonade; and its perfect freedom from irritating effects on the digestive tract, an important consideration since the gouty persons are very liable to digestive disturbances. Lycetol, therefore, forms an agreeable and efficient means for securing the elimination of uric acid from the system and preventing the many disorders resulting from its retention.

Etiology of Puerperal Fever.

Dr. J. Whitridge Williams claims that puerperal sepsis is due to a number of micro-organisms, the most frequent causal organism being the streptococcus pyogenes. Cases infected with staphylococcus aureus are comparatively rare, and usually of moderate severity. He knows of no fatal case following infection with the gonococcus.

In the management of labor cases he believes in subjective antisepsis. He condemns vaginal douches in general practice. In hospital practice he believes that the cases should be differentiated from a bacteriological standpoint, and those cases having an abnormal vaginal secretion should be douched.

In regard to the treatment of puerperal fever, if mild, he advises the cleaning out of the uterus and the uterine douche, but is indifferent if bichloride of mercury solution, carbolic acid solution, or simple boiled water be used. The fluid acts mechanically, and enough of the antiseptic to do good cannot be used unless continuous irrigation be resorted to.

He believes in the possibility of auto-infection, and in rigid subjective antisepsis in the management of labor. The vaginal douche is condemned in private practice, but is to be used in those hospital cases where there is diseased vaginal secretion.

Firwein

A Balsam of Fir Wine with Iodide, Bromine and Phosphorus

TILDEN'S.

IN CHRONIC BRONCHITIS AND LACIPIENT PHTHISIS, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver-oil and emulsion compounds, **Firwein** does not impair, but instead, strengthens and improves digestion and assimilation: a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

IN CHRONIC CYSTITIS, **Firwein** may be regarded as almost a specific. No class of ailments gives the Physician more annoyance than old chronic bladder troubles, that persist in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of **Firwein** for the rest of your life, and your patients will rise up and call you blessed.

IN NASAL, PHARYNGEAL AND LARYNGEAL CATARRH, **FIRWEIN** given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it!

DOSE. One to two teaspoonsful 3 to 6 times daily. *For Spraying*—add one part of vasoline or petrolatum oil to three parts of Firwein and use warm. *For persistent Coughs*—one dram Opil. Deod. to 4 ounces of Firwein.

A full Pint Bottle will be sent prepaid to any Physician as a sample on receipt of 50c. to pay carriage.

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A PLEASANT and agreeable tonic and appetizer. Efficient in all cases of debility from exhausting and protracted diseases; frail and broken down conditions of the system from obscure causes, especially functional disturbances of the reproductive organs in females; weak and imperfect digestion and assimilation, nervous debility, mental exhaustion and in all low atonic conditions of the system.

EFFECTIVE,
PLEASANT,
AGREEABLE
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ECONOMICAL.

FORMULA.	
EACH FULL PINT BECHER CONTAINS	
Calisaya Tonic	5 gms.
Pepsin Sac	3 "
Erythrox. Coca.	
Iron Pyrophos.	
Vitaminum A. A.	1 "
Gentian	2 "
Strychnia Sul.	1.00 "
With Vegetable Aromatics.]	

TRUE TONIC,
SPLENDID
APPETIZER,
RELIABLE
STOMACHIC.

Please observe the strength and perfection of the above formula. Do not confound TILDEN'S Calisaya Cordial with other preparations of this class.

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Betanaphtol-Bismuth as an Intestinal Antiseptic.

In intestinal complaints Dr. Engel (New York Medical Journal, March 30th, 1895,) considers betanaphtol-bismuth (bismuth betanaphtolate) more reliable and superior to all the various bismuth salts previously known. He gives the history of several cases which he has treated very successfully with this remedy. The first case he speaks of is that of a man who had been suddenly seized with severe abdominal pain in the left hypochondriac region, the pain returning in from one and a half to two hours after every meal; these symptoms went on unchecked for several months, when vomiting, diarrhœa, and fever made their appearance. It was in this state that the author first saw him. Dr. Engel continued the milk diet that his patient had been on for several weeks, insisting that the milk should be boiled and drunk hot; and prescribed in addition cachets, each containing 5 grains (0.3 gmc.) of betanaphtol-bismuth—three such cachets to be taken three times daily. Pain lessened from the first dose, vomiting and diarrhœa became less frequent, and finally stopped entirely. Between two and three weeks later he was pronounced cured.

Another case is that of a man, who, after eating some oysters, was seized with cramps in his stomach and diarrhœa. The author ordered 15-grain powders of betanaphtol-bismuth, to be taken three times daily. After but two doses there was complete cessation of the symptoms.

Dr. Engel cites several other similar cases, in which this remedy effected rapid and lasting cures. To a child two months old, vomiting anything it swallowed, and having ten to fifteen discharges daily the author, prescribed the following, with excellent results:

Pepsin.....	1 grn. (6 ctg.)
Bismuth Betanaphtolate,.....	3 grn. (20 ctg.)
Aromatic Powder.....	½ grn. (2 ctg.)
Dover's Powder,.....	1 grn. (6 ctg.)
Saccharin,	q. s.

One such powder to be taken three times daily. No injurious effects were ever noticed to follow the use of the remedy.

Oysters as Food.

Recent scientific researches on this subject show that oysters are rich in bromine, iodine, fluorine, phosphorus, and iron. In Portuguese oysters the proportion of phosphorus capable of being assimilated is a gramme to every dozen. Ordinary oysters contain only one-third of this amount. Professor Armand Gautier has satisfied himself that all forms of food found in the sea contain organic phosphorus. This explains the fact that cod liver oil, in addition to alkaloids, contains phospho-glyceric acid. M. Le Roy de Mericourt long since pointed out the good effects of oysters as diet in the treatment of diarrhœa in hot climates.

OBSTINATE CASES

of chronic bronchitis, rheumatism, kidney pain, goitre, and a host of other diseases yield to the influence of Gardner's Syrup of Hydriodic Acid, when all else fails.

A book of 200 pages, just issued, handsomely bound in cloth, which contains within its covers, matter pertaining to the Syrup of Hydriodic Acid and Syrups of the Hypophosphites, obtainable nowhere else, sent prepaid on application to physicians only.

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of the Hypophosphites administered according to CHURCHILL'S method, produce results in phthisis that will astonish the practitioner who has not tried them.

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"Digestion and Diet," by Sir William Roberts.

The appearance of this little work almost marked an era in the field of physiological chemistry, and at once stamped its author as an authority on all subjects pertaining to human food.

In speaking of starch, he says: "The importance of starch as an article of human food has perhaps scarcely been duly recognized. If we regard the enormous proportions in which the seeds of cereals and leguminous plants and the tuber of the potato enter into our dietary, and the immense percentage of starch in these articles, it is probably not too much to say that fully two-thirds of the food of mankind consists of starch."

It is deplorable, but a fact nevertheless, that intestinal or pancreatic indigestion is rapidly increasing, and starch must be omitted from the dietary of a patient so afflicted, for, notwithstanding its importance as a food, if it is not digested it rapidly ferments, and is consequently worse than no food at all.

No observing physician needs to be told the immediate results of any interference with the starch-digesting functions of the pancreas. Rapid loss of weight and strength are but the precursors of more serious troubles.

It is in cases of this character that an artificially-digested starch food like Paskola proves of greatest value, for not only does it present this most important element of the human diet in a form ready for immediate assimilation, but it aids the digestion of other foods.

The uses of such a preparation are legion, and Paskola is destined to fill an important place in the newer *materia medica*. A supply of the product will be gladly sent, express prepaid, to any physician who may wish to test it in his practice.

Seasonable Suggestion.

No preparation with which we are acquainted is entitled to greater confidence as a remedy, in the treatment of the stomach and bowel derangements incident to the summer months, than Maltopepsine-Tilden's.

It is put up in three forms, viz: Powder, handsome 5-grain Tablets, and an elegant Elixir; either of which is pleasant to the palate, and agreeable to the most delicate stomach.

It is specially adapted to the treatment of cholera infantum and ailments of a similar character peculiar to childhood. If you will give it a trial, we believe you will thank us for the suggestion.

The conflict between China and Japan is a mere scrap compared with the war that is now being waged in the minds of the medical profession on the propriety of abandoning all preparations of cod liver oil that contains nauseating insoluble and indigestible material. These materials are all eliminated in the manufacture of Codliver Glycerine.

THE BEST ANTISEPTIC FOR BOTH INTERNAL AND EXTERNAL USE. **LISTERINE.**

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—Listerine is the essential antiseptic constituent of Thymol, Eucalyptol, Borneol, Camphor and Menthol Alcohols—in combination. Each fluid ounce also contains an equivalent refined and purified Benzoin extract.

DOSE.—Internally: One teaspoonful before or after each meal as indicated, either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

LAMBERT'S LITHIATED HYDRANGEA.

RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FINE HYDRANGEATED POTASSIUM BICARBONATE, a pure Renal secretory agent, prepared by our improved process of assaying, its preparation of superior and uniform therapeutic strength, and possessing the dependability upon its clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Careful clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES.

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE and LAMBERT'S LITHIATED HYDRANGEA.

LAMBERT PHARMACAL CO., St. Louis, U. S.

British, Canadian, French, Spanish, German and South American Trade Constantly Supplied.

Disturbances of Innervation.

Robert B. McCall, M. D., Medical College of Ohio, Cincinnati, now residing at Hamersville, Ohio, writes:

"My confidence in Antikamnia is so well established that I have only words of praise. Independently of other observers I have proved to my satisfaction its certain value as a promoter of parturition, whether typical, delayed or complicated, and its effectiveness in controlling the vomiting of pregnancy. In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, three to five grains each of antikamnia promptly changes all this.

"If there is a 'sleepy uterus' antikamnia and quinine awake every energy, muscular and nervous, and push labor to an early safe conclusion. Indeed, in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process.

"I have just finished treatment of an obstinate case of vomiting in pregnancy. A week ago the first dose of antikamnia was given, nervous excitement, mental worry and gastric intolerance rapidly yielded. This case was a typical one and the result is clearly attributable to the masterful influence of your preparation.

"If there is any one drug or preparation that can be made to answer every need of the physician, for the correction of the multitudinous disturbances of innervation that occur in the various diseases he is called upon to treat that one is antikamnia."

Ovariatory Upon a Patient 69 Years Old.

Dr. Augutsin H. Goelet presented at the May meeting of the New York Obstetrical Society a large Ovarian Cyst which he had removed from a patient 69 years old. The case was reported to show that advanced age does not contra-indicate cœliotomy in these cases, also to illustrate the importance of careful preparation of the patient for the operation to overcome intestinal distention and facilitate its execution. When the patient first came under his observation there was great distention. She was placed in his sanatorium for three weeks prior to the operation and put upon a restricted diet. At the time of the operation there was absolutely no intestinal distention. In consequence the operation was completed in 15 minutes, and the patient made a rapid recovery without a single unfavorable symptom.

J. W. Snowden, M. D., A. E., San Jose, California, on April 12th, 1895, writes: Your Bromidia acts like a charm. I believe it a safe, effectual and reliable Hypnotic.

Rheumatism.

Profuse perspiration is said to be one of the most constant symptoms of acute rheumatism; the more marked and severe the case, the greater is the tendency to perspiration.

PHENA TRO CINE.

This new synthetical compound has met with such marked success with the profession that we herewith beg to submit a letter in testimony of what we claim:

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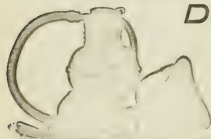
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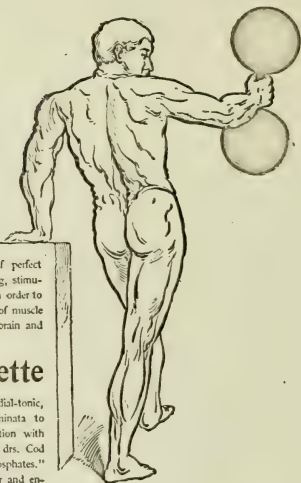
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Fig. XVII—Dorsal Position.

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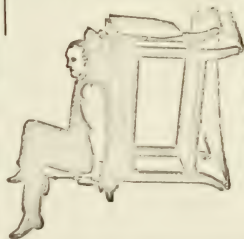
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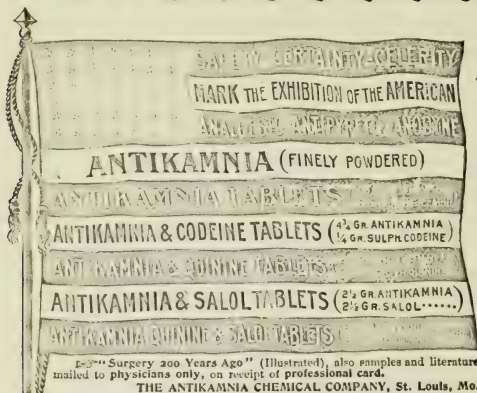
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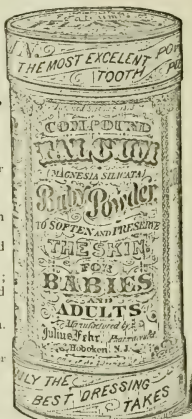
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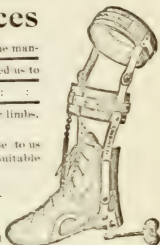
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VOL. VII.

CHARLOTTE, N. C., AUGUST, 1895.

No. 2

Dr. Garces' Description of the Development of Colombian Leprosy.

NEW YORK, June 26th, 1895.

EDITORS OF THE CHARLOTTE MEDICAL JOURNAL:

Dear Sirs:—I send you Dr. Alfredo Garces' description of leprosy in Popayan and of its development in Colombia in general. You will also find his description of the three types, tubercular, maculous and mixed. As the number of lepers is considerable in that country, I think that this description should be put on record.

Very truly yours,

ALBERT S. ASHMEAD, M. D.

270 W. 43d Street.

* * * * *

There are persons who, after a sudden cooling, in which perspiration is suspended, are covered with weals, as of rougeole, measles or uesticaria.

They have fever and itch over the whole body; they are restless and cannot sleep. After two, four or more days the weals have paled, and disappear without leaving scars. In others the fever, which does not generally last more than two days, persists a number of days, they perspire much, and the spots repeat themselves almost every day at the same hour, generally at night, but eventually they disappear, at the end of a fortnight. In one patient the whole body is covered with weals, fever sets in, horrible itch, and the spots, after a few days, enter into very abundant desquamation, the patient becomes hideous, and after about two months is cured; but these are very felicitous cases. With the same symptoms others have their spots persist, grow, abate and disappear for several days, only to reappear after a short time on the same point or on several others. These spots, first of a roseate color, pass into violet and incarnate, then pale, assume a yellow or fallow color, rarely brown; they have a tendency to grow; they become diffuse, and almost white on certain points. Sometimes the spots rise, become pronounced in their centre, and form a tubercle. This happens regular in places where the skin is very vascular, as in the cheeks; but this is not the most common way in which the tubercles appear, the rule is that they begin with papulae of urticaria, which grow, of an intense red color, almost violet; they reach a certain development in which they persist some time, then they decrease, and almost efface themselves, leaving nothing but a spot; or else they pale, they as-

sume a transparent yellow tint, fuse themselves and burst, setting free an icorous liquid, transparent and guminous in certain cases, in others slightly purulent; they remain as ulcers for some time, and then they cicatrize, without leaving any other scar but a small whitish depression, incrustated in the middle of other tuberculous eminences. In the face the tubercles appear generally in reddish plaques of thick skin, resembling sometimes pustules of acne, but they are always rounder and broader, diffuse or confluent, looking in the beginning like the face of a subject affected with confluent variola, when the pustules have not yet lost the aspect of papulae. The tubercles of the face, of the brows, of the ears, of the elbows, and articulations in general, are more acuminate than those of the arms, forearms, and especially legs, where they are generally flat, broad and scantily delimited.

It is the tubercle that deforms the face the nose, the ears, etc., and which give to the countenance that frightful appearance, which is called *facies leproliana*. The tubercles cause itch, and are painful at times; sensibility persists in them, or it becomes obtuse, but it almost never disappears, the contrary happens in the spots. In the ears, the tubercles appear in certain cases very well bounded, hard, whitish and of normal hue, occupying the free border or the lobule of the ear, and in such cases they almost never appear in the rest of the body, which only presents spots and patches very marked of anesthesia; but the rule is that the ears are red at certain hours, that they begin to thicken and to present to the touch harder parts, the nuclei of future tubercles, which appear pretty soon, join each other, cover the ear, and give it the appearance of an assemblage of warty points.

In a very typical case, in which the ears had assumed such a form, the nose, the cheeks, the brows, the chin, were as many heaps of tubercles, which gave to the face the appearance of one of those llanos of Colombia, covered from distance to distance with hillocks of dappled rock. What a face that is, and who could forget it, or confound it with anything else!

In one patient the brows and the lashes have not fallen at all, and he has still some hairs on his chin; the latter have grown since his disease; the latter having begun when the patient was about eighteen. The neck, the trunk and the arms are clean, without spot or tubercles; but the latter appear on the forearms and legs. There appeared one on the penis, but it vanished later on. All his body is sensible, and there can not be found in it any patch of anesthesia; he feels pressure; only his feet and hands seem heavy and thicker than formerly. He preserves his strength, he feels robust, capable of work, and his appetite and sexual aptitude are normal. Sometimes he feels pain in his head and in his limbs, the *pulex penetrans* (miguar) penetrates his skin, and cause heat, pain, and itch. Some of the tubercles burst from time to time and cause painful ulcers.

The nose, flattened and deformed, is obstructed by mucosites, causing him very painful days, during which he can get no air through it. He has had several ulcerations in it. He has had also tubercles in the buccal mucous, on the tongue, and in the veil of the palate. This subject, aged 27 or 28, has very well developed mental faculties; he has done everything in his power to get cured; has submitted to horrible, even brutal modes of treatment, without obtaining more than slight abatements of his sufferings by certain methods, and aggravation by others.

In other patients the points occupied by the spots show their dermic vessels much developed, the venules irradiate in various directions, and simulate grossly the Verreyen stars of the kidney. The skin of white and young victims of elephantiasis is generally very delicate, transparent, with vessels much developed in the dermis, and the capillaries pass into venules. The spots come and go, before they become permanent. At first slightly roseate, they redden as they develop, and become even violet, sometime afterwards their coloration abates, and after passing by divers hues, they remain finally brown, fallow, grey or pale, with contours faintly limited, of a color more high or more pale. At the level of the spots, the skin usually becomes delicate, smooth, glossy and like dead. In these patients perspiration is very rare, even the artificial one; while in tuberculous leprosy this function of the skin is generally preserved. The points affected by the spots are almost always insensible to pain. Sometimes the sensibility to touch is preserved, but anesthesia, common on the back of the hand, on the forearms, on the inferior extremities, shows itself less on the fingers. The mucous rarely are found tuberculous, and the conjunctive shows a great tendency to become congested at the beginning, to show itself later on pale and crossed by thick venules. The ulcerations of the nose, the malleoli, the elbows, the knees, the fingers, are not rare; it is also frequent to find in the maculous form the eyelids affected with slight entropion which causes constant irritation of the eyeball, which in these cases appears very small. A remarkable fact is the fall of the eyelashes, preceded and accompanied by blepharitis ciliaris which is a great cause of suffering for the patients.

Through the dilatation venous peripheric the circulation becomes difficult in the extremities, these assume a rubicund coloration, from the middle of the leg to the fingers; it looks as if the skin had been slightly tinted with beet root.

In the hands there is a similar coloration, which becomes quite visible only when the member is hanging downward. The rubicund color exists also in the face, but it is less strong, and appears principally in the pomuli, the forehead, the nose and the ears. Through heat and exercise the spots are accentuated and reach their highest degree of coloration. It is this which renders those who show such a color, suspicious, and causes frequent errors among the people.

The maculous form is that which has the greatest influence on innervation. In it the vessels are found most expanded; here insensibility and analgesia show first, and develop most; here appear those ulcerations of the limbs which can produce mutilation and atrophy of the nails, of the phalanges, and even of the hands; here the weakness and disturbance of all the functions, and especially of that which depends on the vasomotor nerves, appears most. The forms, maculous and tubercular, co-exist almost always, and I am even disposed to admit that the tubercular form, is always accompanied by the maculous in all its phases, while the maculous can run its course without the tuberculous. There is a symptom which is often pronounced, in the maculous form: it is the thickening of the skin and of the cellular tissue, subcutaneous of the face and of the calves at the level of the inferior third of the gastrocnemii and of the malleoli; the organ appears in these vessels like edematous, but on pressure there is felt a resistant pastiness, which does not give way and leaves no dent of the fingers, though there is a paling of the tissues. Pressing these parts, one feels something like the hardness of a papula of urticaria, or that of a large, flat tubercle, which would have sprung up in these regions.

Symptoms which seldom fail in patients, are the articular and cephalalgic, sometimes as premonitory symptoms, at other times as obligatory companions of all the phases of the disease. Numbness of feet and hands, failing of touch, cold or heat in the extremities, a tired feeling are also signs of confirmed sickness, and not rarely, premonitory signs. The sweat is not always wanting, and certain regions as forehead, armpits, chest and groin, perspire in many elephantiasis, especially in the tuberculous form. It is also in this form that appear most frequently the ulcerations of the elbows, of the malleoli and of the nose. The latter is flattened by the ulcerations, but it begins to split at the level of the junction of the cartilages with the bones of the nose.

The pilous system associated with sebaceous or sweat-forming glands, is almost always affected in its development. The brows fall from the external extremity towards the space between them. The hair of the face and of the pubis, begin to thin, to be cut, cleft and atrophied; here and there one escapes destruction and drags out an existence similar to that of the shrubs, which were born on a dry and rocky soil. When the disease begins before puberty, no beard grows, nor venus mount, nor axillary hair, and the generative organs remain like atrophied.

TYPES.

Tubercular Leprosy.

Obs. I. Catherine Ordina, of Sotara, married, 40 years old, was confined in a damp room, she began to feel unwell and went to Terra Caliente, whence she returned the third day. She then had itch on the whole

body, and granules appeared on arms and legs; these granules were red. Also there appeared at the same time, red spots, which thickened and rose, until they formed tubercles in the same anterior organs. These tubercles disappear at times, and presently reappeared. There were none on the trunk. In the night she felt pains in her bones, like rheumatism. The tubercles sometimes became inflamed and burst, oozing forth for several days a viscous liquid, colorless or yellowish, seldom sanguinoient and purulent. After a few days cicatrization set in, and the tubercles had disappeared.

Since she became ill, she has had four sons, two regularly born, and two before term. She has also a daughter with a skin of vascular appearance, which suggests the suspicion that the disease exists already in her. Her menstruation has been regular, and occasionally she has suffered of metrorrhagia. Before her disease she used to knead dough, and to go out, without precaution, into the cold air and the dampness.

Present condition. She has no eyebrows, and the eyelashes have almost completely fallen off. The face is covered with tubercles, as well as the nose, the ears, and the eyelids. Inside of the nose there are ulcerations, and the depression of the inferior third of the nose is very marked already. In the buccal mucous membrane there are no ulcerations, but there are cicatrices and fallow and brown spots, as well as tubercular ulcerations in the mucous membrane of the cheek. In the conjunctives, beside the yellowish and pale color which gives to the eye the appearance of a pig's eye, nothing abnormal, can be seen with the unarmed eye.

On the arms there are tubercles as well as on the forearms and legs. On the forearms and arms she has white scars of tubercles extracted for empirical use. In all the mentioned organs there are spots, brown or blackish, or lion colored. On the hands and on the fingers, upon the articulations, there are some tubercles. The tubercles of the legs are flatter and more densely mulberry colored in the external part. There are also scars of extracted tubercles on the legs and knees. On the right nipple there are spots and tubercles. In the muscles, on the buttocks and in the loins there are many spots. The mount of Venus, though not large exists. The sensibility obtuse in the scars and spots is generally normal. She complains of heat, and perspires, though little; for the rest she feels well, and is able to work regularly. The daughter is now 9 years old. She had an older one. She does not say that there have been cases in her family before, nor among her neighbors.

Obs. II. Dolores Guerrero, married to Vincente Ramos, daughter of Petrona Guerrero, and an inhabitant of Timbio; 30 years old. When a child had small pox. Almost deprived of brows, with tubercles in their place, in the pomulos, and in the loto of the ears, up to their free border. The skin of the face, thickened, presents a rubicund coloration. In the

mucous membranes nothing appears, but in the left nostril there is an ulceration towards the partition, and it is depressed on that side. The voice is nasal. In the trunk there are neither spots nor tubercles, nor on the arms, except on the left side, where there is a superficial ulceration on the elbow. Some lion colored spots are observed, disseminated over both limbs, and upon the pock marks the sensibility is very obtuse. The inferior extremities, of rubicund color, especially in the two anterior thirds of the foot, present tubercles on both sides of the legs. The malleoli, very thick, swollen, and of pasty consistence. Upon the back of the left foot there is a large tubercle, exulcerated, from which oozes a liquid of gummous appearance. On the right malleolus there is a similar tubercle, slightly excoriated, and under the same malleolus other tubercles begin to ulcerate; the same in both heels. In both inferior limbs there are many spots; and numerous chigoes are found disseminated over the foot, which shows little sensibility on the part of the patient. The nails accuse a great dystrophy. There is a marked analgesia to needle prickings. She perspires. She says she has been infected by her mother, when quite small; she has a baby a year old, who, as well as her husband, is healthy.

Mixed Leprosy.

Obs. III. Maria Santos Guerrero. Was married two years and was a widow at 22. She was born in Chiribies, and is the sister of the preceding case. Present condition: Much tired feeling, menstruation irregular, sluggish; face slightly rubicund in the forehead, cheeks and nose; no brows at all, and hardly any lashes. On both ears, small, very vascular, tubercles. The skin of the face is generally thick, very vascular, without tubercles. The nostrils are very thick, and on the left side there is internally a very advanced ulceration.

On the elbows are pink patches, and there are others of yellowish hue, disseminated over the arm. On the right wrist the veins are very pronounced, and in that point the analgesia is very marked. In both superior extremities the analgesia is very accentuated, as well in the anterior as in the posterior face; from the middle of the forearm, except on the fingers, in which sensibility is better preserved.

Nothing abnormal on the chest; on the back also there is nothing to be observed, except a few pustulous vesicles, like herpes (or tetter).

In the inferior extremities there is the same mulberry, or beet color, upon the whole foot. External malleoli thick with superficial ulcerations in their inferior part, out of which oozes a gummous liquid. In the Achilles tendon, and on the external border of the same foot, there are also some excoriations.

In both inferior extremities there are many mulberry colored spots, but no tubercles. The skin is smooth and very delicate, and the analgesia is complete. The needle prickings draw blood very easily.

The two preceding subjects have a mother, leprous in the last degree. A sister of fourteen years, and a brother of twenty-two, are healthy so far. Other brothers have died without contracting the disease.

Obs. IV. A. G. has been ten years without menstruation. She has a son who is so far healthy, although she brought him up. During her confinement she took cold, having been surprised by a shower; moreover she lived in a very damp room. Hence an eruption of urticaria, which, becoming chronic, came to constitute a genuine leprosy.

Present condition. Spots on the forehead, in the pomuli, and in the nose, which is already much deformed. Has lost the eyebrows, as well as the lashes, especially those of the inferior lid. She has many tubercles and much vascularization in the cheeks, eyebrows, and the free border in the lobule of the ear.

In the left pomulo, she has a very large mulberry colored tubercle. There are in the face and in the ears many spots and tubercles, also on the external borders of the arms and forearms. On the left elbow there is a thick squamous tubercle. On the chest there are many spots and tubercles. The inferior extremities, of a rubicund color, offer various color of a yellowish hue, and in the malleoli there are thick tubercles ulcerated, also, on the external border of the foot. In the anterior and external face of the leg, the tubercles are broad and flat, some of them ulcerated, those of the right leg being more developed.

The lips of the patient are very thick and show some tubercles. In the nostrils some ulcerations occasion frequent epistaxis. The ocular mucous membranes yellowish and pale, present very pronounced veins. In the palate there are scars of old ulcerations. Analgersia exists in the spots on arms and legs.

Maculous Leprosy.

Obs. V. J. L., daughter of a leprous mother, with whom she lived intimately more than seven years. She is now twenty, and thinks she has been ill from her fourteenth year. She has had no menstruation, her sexual organs and teats look hardly as those of a child of ten years. The body otherwise is naturally developed.

Present condition. The skin of the face is delicate, smooth and sufficiently white, with a very pronounced vascularization, especially in the lids, pomuli and nose; lips yellowish red; slight spots upon the brows, which have partly fallen; small spots a little raised, on the cheeks and ears, which are of an inflamed aspect, with vascularization, and rather thick. The mucous membrane of the eyes, of the mouth, and of the nostrils, present nothing remarkable; on the neck also there is no abnormal tint. On the shoulder small papule as of prurigo, and the vessels are there very numerous and visible. On the right arm there are no spots,

but the latter are visible on the forearm, where they are fallow and confused.

In the parts named, sensibility is very obtuse. On the left arm there are also some spots diffuse and anesthetic. On the forearm of the same side and over the back of the hand, up to the fingers, there is a large spot of violet mixed with red, with much pronounced vascularization and anesthesia. The extremities of the fingers are red and vascular; they give her a slight sensibility, and a sensation of thickening. She suffers sometimes also of articular pains.

In the inferior extremities the rubicund color is less pronounced, except in the fingers. The skin is thick, edematous, and from the middle of the leg down, extending over the whole foot, appears of a brownish violet color, as if these parts had been covered by a stocking that had communicated this color to the skin; at intervals the color becomes brown-yellow, it reddens in some points, is pink in others, and many vessels pass there. In the places occupied by these spots the touch perceives resisting points, as of urticaria, or edema durum. The sensibility has almost absolutely disappeared in them, especially where the skin is darker; in the place where she was bled, a short time ago, the skin is frankly mulberry colored.

What has been said is more especially shown in the left leg, and in the foot of the same side. In the muscle there is nothing remarkable, but a few pink spots, very small. The vellous system of the whole body is wanting, and even the hair is somewhat scanty. On the left knee outside there is a mulberry colored patch, anæsthetic and in the external part there are some very vascular papule, which are also found on the right muscle. Her menstruation has not appeared as yet.

New Treatment of Sepsis.

By DR. R. BECKER, Toledo, Ohio.

Written for the Charlotte Medical Journal.

As the most modern treatment of general septicæmia we note the recommendation of *hypodermical injections of creasote*, introduced by Dr. Frank, of Cologne in Germany. From the number of cases, successfully treated by this method, the following from Dr. Merthens at Dusseldorf, is certainly of great interest.

The patient was a woman on whom, for sufficient reasons, premature labor was to be induced by the introduction of a bougi into the uterus. The instrument remained in position for four days, when it was removed on account of fever, the thermometer registering 103.1. The fever continued, and reached after three day, 104.0, with chills. Labor was ended by turning. On the next following day the fever was 104.5, with a pulse of 140 to 150. After the injection of creasote the temperature fell down

to normal. The same result was obtained by the same procedure on the third day in the morning and the evening, when a temperature of 104.0 was brought down to normal; also, the pulse decreased rapidly. The temperature remained now normal, while three injections of creasote were made daily. Patient recovered.

A direct antibacterial effect of the creasote is doubted, as also in tuberculosis the newest experiments have proven that a direct action of the creasote on the bacilli of tuberculosis does not exist. Of the greatest value, however, is the antifebrile and symptomatic effect of the creasote. Coincidentally with the decrease of the temperature and pulse, the patient always felt so well and comfortable, that she demanded the repetition of the injections when she thought them indicated.

The creasote was used in a solution with equal parts of camphorated oil, of which 20 minims were injected three times a day. It is thought that this daily dose can be increased without any harm, as a reaction was not observed.

This therapeutic procedure is certainly worthy of further extensive trial by the profession at large, and can be recommended with by far less hesitation, than the intravenous injection of sublimate solution, advised and successfully practiced by Kezmaregky for the same dreadful condition of septicaemia of various origin.

Parasitic Inflammation of the External Auditory Canal (Ear-Mould-- Aural Fungi); Aural Eczema.

A Clinical Lecture Delivered at the Post Graduate Medical School and Hospital.

By SETH SCOTT BISHOP M. D., Professor of Diseases of the Nose, Throat and
Ear in the Chicago Summer School of Medicine; Surgeon to
the Illinois Charitable Eye and Ear Infirmary.

Reported Expressly for this Journal.]

GENTLEMEN:—The first case for you to examine to-day presents a disease which is rare in this locality. It is a variety of otomycosis, ear-mould or aural fungus. On inspection you will observe that the external canal is partly filled with a black substance that resembles impacted coal dust. Over this is sprinkled apparently a yellow dust like lycopodium, or a light yellow, finely pulverized mustard. The whole mass presents a musty appearance.

This condition I have never seen in old age, or youth, and it does not constitute more than one-half of one per cent. of all the patients I examine, both in private practice and in three different clinics. Indeed, I

have seen but very few occurrences of this affection among the well-to-do class of people. It commonly is found in those who live or work in surroundings that are damp and mouldy. This man is a moulder, 33 years of age. He has been suffering from pain and deafness in this ear for a week, and applies for the relief of pain. His other, the left ear, is healthy. Upon removing a portion of this mass the fungi are plainly visible, and after peeling off a section covering the drum head the patient observes that he can hear better. We will now remove the remainder by syringing the ear with a quart, or more if necessary, of the bichloride solution, 1 to 5,000. This usually will detach the membranous formation without causing the patient any discomfort.

All of the exfoliated epidermis is not removed by the mechanical action of the solution, so we will detach what remains by means of this little leaver and the foreign-body forceps. The removed mass is, as you see, a thick, dirty gray, tough, epidermal cast of the canal. Its outer surface presents the appearance of dead, macerated skin, but the water has so changed the appearance of the surface which you saw on first inspection to be covered with the yellow fungi that it is scarcely recognizable.

Hydrogen dioxide will now be used, at a comfortably warm temperature, so that the effervescence will cleanse the canal of any debris that may have been left. Now we will dry the canal with absorbent cotton. As soon as all of the canal was freed from this obstruction the walls and drum head were seen to be red, swollen and inflamed. The skin had more the appearance of mucous membrane than of the natural integument. We will inflate the middle ear with 20 pounds pressure through the improved inflator or dilator containing simple benzoinol to restore the normal tension of the conducting apparatus and to produce an emollient effect on the mucous membrane lining the tympanic cavity.

The test with this 60-inch watch demonstrates that this patient's hearing has been increased from pressure to six inches, or to $\frac{1}{8}$ the normal distance. The pain is relieved, and he says his head feels clearer.

The final steps in the treatment will be to brush the walls of the external meatus with a five per cent. solution of carbolic acid in glycerine. This will not smart or corrode the tissues as the aqueous solution does, and it is destructive to the aspergillus. Now the pocket powder blower will be used to dust aristol over the drum head and the whole of the canal, and in a few days you will undoubtedly see these parts well on the road to recovery. This has proved to be the most satisfactory treatment in my hands, but there are other excellent remedies. Alcohol is very effective, but has the disadvantage of producing pain when there is an acute, or a subacute, inflammation as you have seen in this case. Where you find aspergillus uncomplicated by an inflammatory action, alcohol is not so likely to give rise to pain, and it will kill the fungi. Permanganate of

potassium, boracic acid, or a saturated solution of iodoform in alcohol, are efficacious remedies also.

The next case is a woman, 36 years old, with a chronic suppurative inflammation of both middle ears and eczema scabiosum of the auricles and external canals. When you saw this patient two weeks ago both ears were discharging, and the auricles and external auditory canals were a mass of sores. To-day we find the discharge is absent from the right ear, and considerably diminished in the left. The eczematous skin is free from crusts and weeping excoriations. The itching and burning have ceased, and the patient is quite happy over her progress.

One week ago we found that her hearing had diminished in her right ear, and increased in her left. To-day the hearing is improved in both.

Since we spoke last week upon the treatment for suppuration and polypi it will not be necessary to consider those subjects to-day. The eczema is undoubtedly due to the irritating effect of the acrid discharges from the ears. While the patient is standing or sitting, the discharges trickle down from the mouth of the meatus, and cause excoriation of the lobule and side of the neck. When the patient is lying on the ear, the discharges run out over the concha, mastoid region and face, so that the whole side of the head, the neck and the face are involved in some of these cases.

The treatment we gave her was as follows: She was first instructed to use warm borax water, a teaspoonful of borax to the pint of water, and castile soap to soften and remove all the crusts. Then the parts were dried with old, soft linen, without friction, and covered with a thick layer of this ointment, which consists of equal parts of carbolic acid and benzoated oxide of zinc ointments. But it must be fresh. This covering of ointment is left unmolested for one week. The parts are not to be washed, not to be touched for a week except to add fresh ointment from day to day, unless there are copious discharges to remove.

This woman is well nourished and no internal treatment is indicated. In some of the other patients it is necessary to administer arsenic and to change the ointment. One of them improved under the course of treatment pursued in this case, but relapsed. At first the carbolic acid relieved the itching and burning, and the zinc oxide healed the ulcerations, but when the relapse came we changed the ointment to a two per cent. salicylic acid unguent made with lanolin. The patient stated that within half an hour after the smearing of the surface with the salicylic acid ointment all the harrassing symptoms disappeared, and she is now well.

These suppurating ears, polypi, and eczema teach you that you cannot cure suppuration without first removing the existing polypi, and you must not expect to permanently cure eczema without first correcting the discharges that excite it.

Columbus Memorial Building.

The Vaginal Douch--"Its Abuse as I See It."

By BEN H. BRODNAX, Brodnax, La.

Written expressly for this Journal.

I doubt if any thing I can say on this subject has not at some time passed through the minds of most thinking practitioners; at the same time I want to enter a protest against the abuse of what is, in some few cases, proper and necessary.

The routine of douching the vagina before and after childbirth I believe to be wrong. My study of the human body, for quite a number of years, leads me to think "our Master" made it *just about right*, and arranged for the perfect performance of every function. All that is required is to *keep it* in that condition. I have seen but one thing that I think would have been an improvement. If the esophagus had been put in front of the larynx it would have saved some from being choked to death. Antisepsis and asepsis are both splendid improvements. Why? because they have compelled the doctor and operator to keep himself, instruments and surroundings clean.

When it is proven that morbid products are in the vagina, then the douche may come in, and in the minds of some "sober sides," is "up to date." I say *may*, for even then I am not yet convinced that a wad of cotton, in a good holder, dampened with some mild solution, such as carbolic acid, 10 drops to oz., or boric acid, 20 grains, and the parts nicely clean out with it, is not a superior cleaner, and a more agreeable mode than the nasty, wet, operation of a douche.

Any one who has had much practice on the Southern plantations, among negroes in the lying-in room, will be very well satisfied that the surroundings are any thing but favorable to health and cleanliness. Yet in my practice of 25 years, I have but once used the douche, and I think for any and all accidents, pertaining to obstetric practice, my showing is fully up to the best of city and better than those whom I know *do habitually* use the douche before and after parturition.

Nature has been very provident every way in preventing trouble. First, the opening of the os exudes a mucous which coats the surfaces. The gush of the amniotic fluid washes them out perfectly clean, (aseptic, if you like the term better,) and, although I have never had the opportunity of testing the matter microscopically, I believe this same fluid, as also the other normal fluids and excretions of the organs, are more or less germicidal. That they are, as it were, self protective.

Now, unless some corrosive substances, or some strong medical solution is thrown into the parts, I believe they will take care of themselves. Corrosive sublimate has no place any where in the human body, and the injecting of it into the vagina is little less than a crime.

In more cases than is supposed the trouble, if any, is carried there

by the attendant. Instead of douching the woman I would respectfully submit that experiments be made as to the benefit that might be derived from dipping the doctor into "a bath of corrosive" all over, before admitting him to the patient. I believe if the doctor will keep himself and his instruments clean, he will have no use for the douche. I use only soap and water, or rather a powdered soap, which I always carry with me, in a small vial, to-wit: "Fairbanks' Golddust Washing Powder." It is a dry powder, non-hygroscopic, clean, of a pleasant odour, and leaves the hands soft and smooth; costs about six and a half cents per pound, and in my ideas the perfect cleansing material for the hands. And here, let me say, Mr. Fairbanks *has not* approached me on the subject of a free puff of his most excellent powdered soap either.

For a long time I have thought we had better *see* what we are doing, and even in a general practice, let alone obstetrics, a soft wad of cotton, in a good holder, with a Sims' speculum, is the *surest, safest and cleanest* mode of remedying any trouble in the vagina.

I have occasionally taken a peep into some instrument and saddle bags, in my rounds, and if septic poison is so frequent and dreadful, I am surprised there are any women left alive.

How I Got Shut of a Quack.

By J. A. REAGAN, Weaverville, N. C.

Written expressly for this Journal.

Physicians, like the rest of mankind, need something to rest the mind, and help to drive off enui. Hence I have concluded to give your readers a short account of a noted quack, and how I ran him from the far famed State of Buncombe.

I was sitting in my office one day, with a pile of books around me, studying a very complicated case, when a comparatively young man entered, neatly dressed, and introduced himself as Doctor Curtis, of Tennessee. I gave him a chair, and showed him the courtesies of the noble profession as required. I soon found him quite illiterate, which led me to ask at what Medical College he graduated. He said he had never attended any college, but had studied medicine under Dr. —, of Tennessee; that he was a natural doctor; had learned to cure snake bite by watching snakes fight, and when bitten see them go to a certain weed and eat of it. That he could cure cancer, consumption, or any disease with which he had met; that he had practiced in different places, and cured cases given out by the attending physician; that he had a great many "*tificates*" showing his success. When he had finished the eulogium of himself I bade him farewell, calling him Mr. instead of Dr.

Notwithstanding his ignorance he got some cases—six in all. He

lost five out of the six, and the sixth might have died had not the parents of the child called in a physician. He collected one half of his bills in advance, so he made some money. He wrote me a note one day requesting me to send him a "*dram*" of sweet spirits of *niter*. Not knowing how much a *dram* was, I sent him a half oz. He stayed in and around Weaverville for about two months, and in that time bought fourteen ounces of calomel. This, I suppose, must have been his principal *vegetable* medicine, as he professed to use nothing but vegetable medicine.

He then went to Asheville and put up an office there, and got a boy by the name of Weaver in his office, to learn medicine I presume.

Not being a poet, I wrote the following doggeral and mailed it to him, which caused him to leave next day for parts unknown. How many "*tyficator*" he took with him from here I am not able to say, but heard of one that was given before the patient died. This occurred just before the penalty was attached to our law in regard to the practice of medicine. There are no fictitious names used in this—they are the true names of persons here :

Berry Lowen was very sick,
He sent for Curtis haste and quick.
Curtis came, he carried well,
He carried an ounce of calomel.
Turning to old Berry's wife,
Says have you paper, spoon and knife.
I think your husband would do well,
To take a drachm of calomel.
But soon all saw old Berry was bad,
The friends around began to look sad.
But Curtis twisted and said with a laugh,
I'll have him all right, I'll bet you a half.
The dose was too large for mortal to bear,
Though Curtis to them still talked very fair.
The man will live, if he lives till three,
And that he will do as you will all see.
But when three drew near Curtis had fled,
And the friends cried out old old Berry is dead.
A duck may quack, and quack in vain,
And quack so loud as to quack again,
But vain is the quack of a duck you'll find,
For Curtis can easily leave it behind.
All fools are not dead as you plainly see,
Or there would be no one to patronize me.
But fool it must be, oh ! goodness sake,
To employ a man that learns from a snake.
To practice the art of healing the sick,

And that by the art of curing them quick.
But I have "*publishments*" you see,
And to them Chris Fox did agree.
But Bill Black's *tificate* makes all plain,
That I am the man to cure all pain.
Joe Weaver in my office stays,
When I want a fib he always says.
Of consumption I have got well,
And this Curtis told me to tell.
But Joiner's cancer, let it go by,
That it was cured all know was a lie.
He is worse to-day than ever before,
The sent is awful as you enter the door.
Don't tell of Kennedy's wife,
The negro that I insured her life.
She died next day as all well know,
But I had the money in my pocket to show.
Miles Borgan's boy, dont tell of him,
He had *lives* and was awfully thin.
He was twelve and sure to get well,
But into the grave the poor negro fell.
But Chris Black's child, I poisoned you see,
But that is a very small matter for me.
Yet I am great with some you know,
As my "*publishments*" do plainly show.
So come all fools who want to die,
For sure the fool killer is very nigh.
My sign you will see as you pass the street,
And as you enter two fools will meet;
One to be killed, the other to kill,
But with your money my pocket to fill;
Go to your friends, bid them farewell,
Say your prayers to keep you out of hell.

"Night Sweats and Other Abnormal Sweating."

By DR. ARCHER ATKINSON, Baltimore, Md., Late Professor of Materia Medica, and of Practice of Medicine; Member Baltimore Microscopical Society; Member of the Royal Victoria Society of Arts, Literature and Science, London.

Written for The Charlotte Medical Journal.]

Perspiration is a physiological function, as important as and an auxiliary to urination, the two processes going on *pari-pasu* with each other—in summer most sweating and less urine, in winter less sweating and

most urine. Emotions like fear, nausea and anxiety will cause the perspiration to pour from the body, as if the individual had taken large doses of jaborandi. Some animals sweat freely on slight exertion, as man and horses, while *most* animal do *not* sweat naturally, but fear, anæmia, great exertion and sickness will *now and then* bring on a sweat which indicates the worst results; and when they do sweat it is apt to be from such exertion as will at the same time produce bleeding from the stomach and lungs. We hear of sweating of blood, but we do not see it, though we have Scripture authority for it. The sweat glands of the body exceed the most fertile imagination, as we may find by adding the numbers to be given further on, taking those of the back and neck, say 400 to 600 to the square inch as the fewest, and in the axilla and groin, where they make up in size what they lack in numbers. In the skin we find the sweat and sebaceous glands, the latter pouring out their oily secretions just at the roots of the hairs and open for the most part *into the hair* follicles and are found *where ever* there are hairs, the oily matter rapidly becoming rancid. The sweat glands lie just below the Corium in the fatty tissues and exist in all parts of the skin, but are more abundant in certain sections. Krause estimated about 2800 to open on *one square inch* of the palm of the hand, while the sole of the foot has nearly the same number. The back of the hand has about half as many as the palm and the sweat glands are larger in the groin, and in the axilla they measure twice the size as those in other parts of the body, reaching from $\frac{1}{4}$ to $\frac{1}{2}$ and to even $\frac{1}{8}$ of an inch in diameter, while the usual size for the body would seem the $\frac{1}{2}$ of an inch across, the larger the glands, the more abundant the secretion and the greater proneness to exhale unpleasant smells. It is surprising what a variety of matters we find in a drop of water taken from the skin, and Dr. Cutter says, among the most common are bacteria, acne matter, animal hairs, dark pigments, Cholesterin, dirt, eggs and larvæ of insects, Silica, Epithelia, normal and unhealthy, fats, feathers, lard, flour, salt, lice, mucus, fungi, parts of mosquitoes, lime, serum, pus, phosphates, pollen of plants, soap, starch, granules, sweat, uric acid, etc.

Prof. Charteris, of Glasgow University, Scotland, speaks, in his practice of medicine, of a peculiar acrid, copious and sour smell attending the fever of rheumatism.

We give the term "Sweat" to the fluid which, if in sufficient quantity, collects on the surface of the skin, as the result of increased temperature from active and prolonged movements, from emotions, as fear, joy, surprise, or *certain morbid* conditions. Sweat is *perspiration aggravated*. The sweat differs according as it proceeds from one part of the body or the other. Thus we usually say sweat is acid, salt, or alkaline. In the scrotal, inguinal and vulvar regions, it is alkaline and is different from the sweat about the arm pits. The perspiration between the toes is alkaline, differing from that in the axilla and groin, smelling like rancid grease.

On the soles of the feet the sweat is acid, as in the palms of the hands. In the axilla we have the smell of an acid known as Capric. The sweat of the surface of the body generally, and of the hands, is sharply acid and has no clearly pronounced odor, but Doune has shown that the sweat of the axilla is *positively alkaline*. Even the smell of the whole body is not formed of *one*, but of a *mingling* of smells to create *the body smell*. This fluid is not a unique, nor is it a homogeneous one, and that is formed first which was first left on the surface, losing its fluid and retaining the salt of the evaporated perspiration from the sweat glands.

Favre studied 14 quarts of general human sweat in a gouty man and recognized that in producing diaphoretic action by external agents the amount of sweat was made to increase to *two quarts and a half* in one hour and a half, the first amount being *always acid*, the second *neutral* and the third *always alkaline*. The fluid was limpid and not mixed with epithelial cells. The composition of sweat of the surface is water 99.5573; chloride potassium 2.43; chloride of sodium 22.50; sulphate sodium and of potassium 0.11; phosphate of sodium and potassium a trace; alkaline carbonate 0.05; earthy phosphates a trace, with lactates of sodium and potassium, a coagulable, nitrogenous material resembling albumen in very small amount and with traces of epithelium, urea and greasy matters. The small proportion of nitrogenous matters would show that sweating is much less an *excretory function for solids* than is the urine, and that it is collateral so to speak, with the exhaled moisture from the lungs and an aid to the kidney, in clearing out any great excess of watery matter, but there is proportionately more *sodium chloride* in the perspiration than in the urinary secretion.

In most animals the odors come from the *salts with volatile acids*, especially those which have greasy salts, such as the caprylate of sodium and of Potassium, whose peculiar acid imparts its smell to the sweat, and in other cases we have only the feeble rancid smell of the butyric acid. The capronate of sodium and Potassium also gives a similar smell.

Barrel found the blood of beef, treated with concentrated sulphuric acid, yielded an odor like the smell of the stall. That of the horse corresponded with the smell of its own sweat. That of the goat to the odor of mutton sweat. That of the sheep to the smell of the billy goat; while the blood of the dog yields a smell like the odor from its skin, but human blood gives off a strong smell which cannot be confounded with that of any of the lower animals, while that of a woman has an odor analogous to, but less pronounced, than the perspiration which she gives off.

Organic substances tend to rapid decomposition, producing the capric and butyric acids, and even giving rise to carbonate of ammonia, which we find so freely given off in such persons as cannot hold their urine, the smell varying with the neglect of person and the time elapsed. There are many products from the body which, if not at once cleaned off, or which,

if retained within the body, cannot but give rise to bad smells, all giving the aggregate to form the disease called *Bromidrosis*, and there are many conditions which influence the smell according to the nature of the tissue, the age, temperament, sex and nationality of the individual, and the temperature and degree of moisture prevailing.

There are other considerations which attach to the condition, as the decay of dead epithelial cells, which joined to the decomposing secretions of the glands of the skin, *all aid* in completing the smell. We find in the castor that the animal matter is secreted by glands just under the skin of the abdomen of both sexes. So with the pole-cat whose urine partakes of a nauseous smell akin to that of the urine of females with bladder and vulvar troubles, if the animal's water gets a lodgment on one's clothing. In some morbid conditions sweating has been known to leave a bluish tint on the clothing.

In 1486 there was epidemic in England, called the "*English Sweating Sickness*," because its ravages began in that country. It usually came on *without chill*, or other previous symptom, but presented the general features of intermittent fever. The disease of the *skin*, so-called by many Bromidrosis, but really of the *perspiratory glandular* system, takes its name from bromos, bad smelling, fetid, and is more common than is generally supposed, even in *refined* and *cleanly* persons, particularly females, *natural to many*, and acquired and kept up in others by want of *persistent cleanliness*. Here eternal vigilance is the price of cleanliness, as in the early days of the colonies it was the *price of liberty*.

Bromidrosis is a *functional* disease of the *sweat glands*, attended with an offensive odor. Many who have it are not aware of its existence, but readily discover *it in others*. The smell might be called garlicky or funky. Frequent washings with alcohol, or with perfumed soap, lessen this smell to some extent.

A curious salutation is that of the Egyptian who, instead of saying "How do you do?" asks, "How do you smell?" If one wishes to study the nature of this smell he has but to attend a crowded colored church on the night of July 1st, when the lights are in full burning, and the excitement runs high.

Ray mentions a saddler who always scented the room *with* sulphur smell, and a woman whose perspiration smell of *musk* for *eight days* and ceased the *evening before* her death. Besides the fetid body smell of some persons sweating of the feet is distressing to the individual and to friends, and conducing also to corns, chaffing, pains and swelling of the feet.

Healthy perspiration is useful in reducing the temperature and depleting the body of excess of watery and saline materials, but the sweats following fevers and phthisis and attending anemia, chlorosis and nervous prostration are exhausting to the strength. After protracted and weaken-

ing diseases, as *soon as the patient falls off to sleep*, the muscles controlling the sweat follicles relax and the perspiration pours out all over the body, usually termed *cold sweats*, or night sweats. These sweats are not *cold* at the moment of appearing, but on awaking the patient finds the linen cold, because the warmth of the fluid has had time to *chill* down, and the surface of the body to take a like chilling off. This condition of night sweats is distressing, the individual dreading to let himself sleep, knowing the *certainty* of the *clammy* perspiration which must follow. This sweating is a constant attendant on phthisis (consumption), in neurasthenia, in chlorosis, in anæmia, often in yellow jaundice, in chronic malarial troubles, and in the receding pyrexia of all fevers and following *exhaustive hæmorrhage*.

In fever sweating is regarded as the crisis, serving to cool the surface from the previous elevated temperature during the febrile condition, and one great desideratum in certain conditions is to encourage sweating as in measles, scarlet fever, severe colds, in most fevers, and in *some stages of Bright's disease*. Nothing brings such relief as the profuse diaphoresis brought on by $\frac{1}{2}$ to $\frac{1}{4}$ gr. hypodermic injection of Pilocarpine. In rheumatism we want the sweating to relieve the febrile action and lessen the swollen joint, yet we dread to have it occur in many cases where the resulting chilling off of the surface brings on pain and stiffness to the part, especially in dermal rheumatism now and then met with about the neck, shoulders and arms, and indeed *this chilling off of the well body* is apt to bring on an attack of rheumatism of the muscular and dermal forms.

Unilateral sweating is seen in *certain parts of the body and in one side only*, in some few cases. It is rare that a person dies during the hot stage of any fever, and it is during the stage of collapse, or in *congestive chill* that danger lies. As a rule convalescence does not begin *until we* find the normal temperature returning and remaining *uniform* for several days. Man's normal temperature is 98.6 degrees Fahr. in the axilla, and here we have most smell. The range may run from the above down to 97.9 degrees Fahr. without injury. In hot countries there is about one degree natural increase in the body's normal temperature, being usually lowest in the morning, and according to Aitkin highest about 2 P. M. In children the temperature is a little above that of adults, and they depress much sooner on withdrawal of heat, as shown by *nausea and pallor*. Healthy warmth in animals is the result of healthy oxydation, and this should occur in all the tissues of the body. All animals thus gain and lose heat, as do plants to a feeble extent. Warm blooded animals cannot exist with any great extreme of heat, the perspiration serving to equalize their heat. In the sparrow we have a temperature of 111 degrees Fahr.; in the oyster but 82°; in the hog 105°; in the sheep 104°; in the porpoise 100°; in the rat, fox and cat 102°. The blood of the Esquimau retains the same warmth at *all times*, though he breathes an air which freezes the mercury in the thermometer within his hut, and in the torrid countries

the air about the Hottentot may register 115 degrees F., and yet his blood show but 98.6 degrees.

The great Galen called fever "Preternatural heat of the body." The skilled physician soon learns to recognize his patient's temperature by the touch, but medical students nearly always carry a clinical thermometer conspicuously about their person. A rise of one degree usually signifies ten extra beats of the pulse, but twenty extra pulse beats *need not mean* two degrees extra rise in temperature, as a short run to catch a train will raise the pulse and not the temperature in proportion. In some febrile cases the thermometer in the mouth, axilla or rectum rises to 106, to 108 and even 112 degrees in scarlet fever, and in yellow fever it runs highest, and Dr. H. C. Wood found it *109* degrees in the axilla of a man dying from heat stroke. No man can stand 110 degrees over a day unless *profuse sweating soon cools the body*.

The prostration from night sweats is great in proportion to their extent and duration, in some very slight, and in others *out of all* proportion to the condition inducing them. In consumption the sweating is as regular as clockwork and often beyond the supposed extent of softening of lung tissue. In most debilitating diseases it is apt to occur about the small hours of the night, and patients awoken to experience a feeling like a chill from the exhaustion and from the drying of the perspiration. Such persons should wear thin *all wool* gowns. Many causes promote excessive sweating, such as severe exercise in hot weather, thick clothing, hot bathing, hot pack, heated air, close rooms, sudden emotions, while many drugs are intended to bring on and to increase the general perspiration. Ten grains of quinine with one-fourth grain of morphia, given in the convalescence of a remittent fever (bilious), will throw out a distressing sweat to frighten the uninitiated. Jaborandi is useful in Bright's disease, when the urine is scanty and heavy, causing profuse flow of sweat, greatly to the relief of kidneys and brain. In a case of retarded eruption of measles, when there was *persistent nausea with eight days of fever and no eruption*, the writer gave 20 drop doses of the fluid extract of Jaborandi *for three doses*, with the happy result of *profuse perspiration* and an abundant outbreak of the rash, *after which the nausea ceased*. We have drugs which excite the perspiratory secretion and drugs which lessen the same, *some internal and some external*. Besides those to be mentioned further on we have salicin in large doses, Alcohol, which sweats and thus cools, but which aids constructive metamorphosis as well. When the stomach will bear large (30 gr.) doses of Salicylic Acid, we have rapid and excessive diaphoresis. The rheumatic joint ceases to throb and the sweat pours from the body and often a good hypodermic of morphia will end the attack. This is a *but a risky plan of treating* rheumatism. Now and then we desire to sweat a section of the body, as a joint swollen from rheumatism or gout. This we do by local hot air bath or by wrapping the part in wet

hot cloths, covered or not by oil silk or rubber. Again we can sweat by hot mustard baths, hot bricks, stove plates, bottles of hot water, hot mud, and Japanese warming stoves to the feet, knees and other parts of the body. All diaphoretics deplete by expelling fluids from the capillaries. Nothing sweats like the application of hot dry air or by steam as in the Turkish bath. Most diaphoretic drugs create nausea, and among the most powerful are tartar emetic, Jaborandi, or its alkaloid, ipecac, salicylic acid and the salicylates, Dover's powder, lobelia, and large doses of camphor. Some of the drugs which arrest the secretion of the sweat glands are belladonna, quinine, cold sage tea, tannic, gallic and camphoric acids, creasote, Pirotoxine, the zinc preparations, aromatic sulphuric acid, with the sulphate of iron, teaberry, eucalyptus, nux vomica, elixir of iron, quinine and strychnine. All the iron preparations here come in well, including the mineral waters which contain the proto-carbonate of iron, as in the well known Chalybeate Tonic Water of Rawley Springs in Virginia, where we find the proto-carbonate held in perfect solution by the free carbonic gas in the water.

External applications are not to be forgotten, especially if the sweat fluids are offensive. A wash of chloral hydrate, of borax and boric acid is useful. In sweating of the feet one of the zinc oxide plasters, so useful in many skin troubles, will come in well. A little salicylic acid with chalk or soda, soap-stone or powdered alum, sprinkled on the dry feet, just washed, will often check the perspiration. In putrid sweating of the feet nothing takes the place of soap and water, and plenty of both, then perfectly drying the parts. An excellent wash is that consisting of aromatic antiseptics, and known as Odorene or the Diana Bath, which is strongly germicidal, cleansing, and has an agreeable odor, leaving no *suspicion behind*, and is safe to use to any extent, being non-irritant to the skin and non-poisonous, destroying the bromic (putrid) odor, and lessens the sweating function of the glands in all parts of the body to which it may be applied. It may be used pure, or diluted for general use in bathing, spray or as an inhalant, as an antiseptic dressing for wounds, in ulcers and in cutaneous disfigurements it has no superior.

This same antiseptic makes a fine mouth wash in stomatitis (offensive sore mouth from whatsoever cause), in the thrush of infants, in the aphthous sore mouth of adults, in tonsillitis, pharyngitis, in all forms of diphtheritic sore throats, in the fermentive indigestion of dyspeptics, in painful ulcers so common in the mucous surfaces of the mouth in acid stomachs. There is no better cleansing and antiseptic wash in the distressing condition (ulcerative) of the mouth and pharynx so common in the secondary stages of syphilis known as soft tubercles, but described by the famous Ricord of the Hospital du Midi of Paris as "plaques muqueuses."

The odorene forms an agreeable *compagnon de voyage* with the tooth-brush, and a small vial of the fluid, carried in the pocket, qualifies bad

drinking water, removing the brackish taste of low country water and neutralizing the irritant property of water containing lime and magnesia, so apt to cause diarrhoea in persons who travel much and who drink strange waters. It is an agreeable antiseptic with which to rinse the mouth so as to destroy the germs of the sick room and to maintain a moisture in the mouth of patients whose buccal secretions in fever and tonsillitis are always SCANTY and THICK, and it constitutes a good prophylactic in THROAT affections generally.

In cases of Bromidrosis the liquid may be applied FREELY to any part of the person, and forms thus a good general cosmetic.

A merchant once informed the writer that a saleslady in his store was so *objectionable* from *Bromidrosis*, that unless a remedy could be found, he would have to discharge her. It was a delicate matter, but fortunately the REMEDY was found. Such cases exist by hundreds, and it is a pity the remedy is not more generally known.

Gunshot Wounds of the Abdomen.

By J. GARLAND SHERBILL, M. D., Demonstrator of Anatomy and Surgery, and Lecturer on Surgery in the Hospital College of Medicine, Visiting Surgeon to the Louisville City Hospital, etc., Louisville, Ky.

(Written for The Charlotte Medical Journal.)

Like other injuries gunshot wounds of the abdomen may be divided into three classes, viz: those which simply penetrate the muscles without entering the cavity; those which enter the peritoneal cavity, and those which perforate the viscera.

The symptoms of a simple wound involving only the muscular layers differ in no appreciable degree from similar wounds on any other part of the body. A wound which penetrates the cavity will usually be evidenced by a slow compressible pulse, some pallor of the face, cool skin, slight perspiration, some tympanites and pain or a sense of uneasiness throughout the abdomen, increased by pressure. In those cases in which hemorrhage is profuse the symptoms usually seen in that condition are present, as rapid, feeble pulse, subnormal temperature, pale skin and eventually unconsciousness and death.

The symptoms vary frequently owing to the different organs that may be involved. An injury of the bladder would show failure in the passage of urine, and upon catheterization only a small quantity would be found which would be bloody. In injuries of the kidney the urine would also be bloody. Vomiting is present in a great many cases of injury to the viscera, especially involving the stomach and upper part of the small intestine. I have seen, however, quite a number of perforations of the small

*Chlorone is prepared by Messrs. Loef & Co., Baltimore, Md., and forms a valuable addition to any lady's toilet table.

intestine without any marked symptom indicative of the occurrence—no vomiting, very slight reduction of temperature, pulse about normal, the only symptom of any importance being pain which was not marked.

In a recent case with considerable hemorrhage which was observed on opening the abdominal cavity. There were none of the usual evidences of that condition. It may be safely said that we have no way of positively determining whether perforation of the viscera has occurred, other than direct examination. I consider pain and a distended abdomen the best evidences that we have.

The treatment of wounds of the abdomen depends entirely upon their character. Those wounds involving simply the abdominal wall, after being enlarged for the purpose of determining their extent, should be treated the same as gunshot wounds in any locality. Having determined that the bullet has entered the abdominal cavity, if pain is present, I am of the opinion that a laparotomy should be immediately performed in order that the surgeon may by direct examination satisfy himself in regard to the condition of the viscera of the abdomen.

Some time ago Dr. Senn, of Chicago, very strongly urged the use of hydrogen gas for determining, without an operation, whether or not perforation of the intestine has occurred. This procedure has had a number of advocates among men of ability. It has, however, its objections. The great danger to life after gunshot wounds of the intestine is from the extravasation of fecal matter into the abdominal cavity which produces a suppurative peritonitis and is rapidly fatal. The use of any gaseous substance to distend the intestines will of necessity tend to increase this extravasation of feces by stimulating peristalsis, and moreover the gut will become so distended from the presence of gas that manipulation during an operation is very much more difficult. The advantage offered by this measure is that an operation may only be done in those cases in which we are positive the intestine has been injured. Serious injury of the intestine may occur which cannot be detected by the hydrogen gas, and the dangers of a laparotomy in proper hands when done with care are so slight that I think it should be performed in every case where a wound of the viscera is suspected, and in my opinion the danger to life of the patient is materially increased by the use of Senn's test.

In the management of these cases the strictest attention should be paid to every detail. The operating room should be carefully selected, the table thoroughly prepared, and all instruments should be cleansed and sterilized. The operator and all his assistants should be surgically clean. The field of operation should be prepared in a very systematic manner, and any non-attention to these details will most likely prove fatal to the patient.

Most authorities recommend that in intestinal injuries the lower bowel should be emptied by an enema; the stomach by an emetic or stomach

pump; and that an opiate should be given ten or fifteen minutes before the operation. I cannot too strongly condemn these procedures, because, after injury to the intestines peristalsis is for a time paralyzed, as I have seen in a number of cases, and the use of an emetic, stomach pump or an enema to clean out the alimentary tract can do very little good, and will most assuredly induce peristalsis which we desire to avoid, before the operation especially, in order to prevent the extravasation of fecal matter into the cavity of the abdomen. And opium, while it may to some extent prevent shock while the patient is on the table, appears to me to be contra-indicated as far as repair of the intestine after the operation is concerned. Formerly opiates were given to a marked degree, the idea being that in this way the intestine would be kept at rest, and the healing processes take place more rapidly. The general opinion among surgeons to-day is that after injuries of the intestine as little opium should be given as possible, and those cases in which none has been given I have found to recover best.

The preparation of the patient in every case of gunshot wound of the abdomen should be carried out with the same thoroughness. This having been done, the surgeon should have learned if possible the position assumed by the patient at the time he was shot, which is a valuable aid in tracing the course of the bullet through the numerous muscular planes. He should then make an incision at least two inches in length, having the opening made by the bullet as its center, and carry this incision down as far as the primary direction of the bullet, then make his dissection thorough, stopping hemorrhage and taking the new direction of the missile following it up by the discolored tissue, changing the direction to correspond with the varying tract, and in this way its course can be traced to the peritoneal cavity if the ball has entered. I urge this especially, because in my hospital experience I had the misfortune to lose a case of intestinal wound for the reason that I depended upon a median laparotomy to detect the injured intestine, without having first explored the wound thoroughly. In this case the patient received a bullet wound in his left side, the ball entering at about the extremity of the eleventh rib by which it was deflected. After consultation it was determined that the best procedure would be a median laparotomy. I performed the operation and thoroughly searched the intestines. The patient did well for about five days, when persistent vomiting occurred, which led me to suspect peritonitis, the temperature, however, in the axilla was about normal. Not being satisfied with this I had the temperature taken in the rectum, and was somewhat surprised to find it register 105° F. The patient died the following day, and the *post mortem* examination revealed the fact that the colon had been injured extra-peritoneally. This could have been readily determined had I thoroughly explored the wound. I will do Dr. Senn the justice to say that if there ever was a case in which hydrogen gas could have been used successfully, it would be one like this.

Having determined that the bullet has entered the abdominal cavity and *probably* injured the viscera a laparotomy should be performed, preferably in the median line, because an incision in that situation allows more room for manipulation than at any other point. If upon opening the abdomen considerable hemorrhage is discovered, it should be checked as rapidly as possible. If so profuse that the bleeding point cannot be detected at once, large sponges should be packed in the cavity until the hemorrhage is controlled, then the bleeding point carefully searched for, and the vessel tied. Considerable hemorrhage may occur from the mesentery, and it is recommended usually to tie these points *en masse*, but I have found often that puncture of the needle in the congested mesentery about the injury will increase the hemorrhage to a considerable extent, and believe that these vessels should be ligatured with silk just as we would ligate another vessel. As soon as hemorrhage is checked, the intestines should be systematically explored. If the exploration is not made with some system, there is great probability that a wound may be overlooked. Wounds of the intestine should be rapidly closed with interrupted Lembert sutures of fine silk. Wherever injuries are so numerous and so large as to render the calibre of the gut extremely small, it is necessary to make a resection, which may be done by using the Murphy button, or by Grant's clamp, or as I prefer by an 'end-to-end anastomosis without any mechanical apparatus whatever. I am confident that this can be done about as quickly as any of the other operations. Having closed all wounds of the intestine, the mesenteric wounds should be sutured with fine silk in order to prevent intestinal obstruction from the gut passing through the opening. Wounds of the other viscera should be treated according to their character and extent.

Recently a case of intestinal wound from a pistol shot has come under my observation, which is very interesting. W. C., aet. twenty-six years, robust, at ten o'clock p. m., June 23d, 1895, received an injury by a 32 calibre pistol bullet, which entered his abdomen a little below and to the left of the umbilicus. When first seen the patient had a pulse of 66, temperature 97.6° F., respiration 24. He complained of considerable pain in the abdomen, which was slightly distended. An operation was performed at 1 o'clock, a. m., June 24th. Upon opening the abdomen the cavity was found to be pretty well filled with blood, and considerable bleeding was discovered from several of the smaller mesenteric vessels at three perforations of its peritoneum. Some difficulty was experienced in controlling this hemorrhage. Finally, direct ligatures were applied to the bleeding vessels. Four intestinal perforations were discovered, two of these showing that the bullet had passed directly through the canal, but in a slightly oblique direction. These openings were rapidly closed, and the patient put to bed with a pulse of 62, respiration 20, temperature 97.6° F. The next day the temperature rose to 102.6° F., and the patient complained of

some pain only. The abdomen was flat. Several hours later the temperature fell to 97° F., and only once afterward went above 98.6° F. No food was given for three or four days. No opium was at any time administered. June 26th, the bowels were moved by an enema, and on the 27th Rochelle salts were given. The patient has made a perfect recovery.

A Case of Uremic Convulsions; Venesection; Recovery; Remarks.

By HOWARD S. ANDERS, A. M., M.D., University of Pennsylvania: Lecturer and Clinical Instructor in Physical Diagnosis, Medical-Chirurgical College; Visiting Physician to the Samaritan Hospital, Philadelphia, Pa.

Written for the Charlotte Medical Journal.

About the subjects of uremia and venesection, independently considered, medical history teems with successions of new and added knowledge and interest. This is especially true of the latter.

As a practical remedial measure, blood-letting has had a remarkable record; and this of a somewhat periodic or cyclic nature. The vexatious question, when, if ever, to bleed or not to bleed, has recurred with renewed ardor in one direction or another, over and over again, after intervals of years and generations. Over-zealous and reckless advocacy and adoption, unreasonable and virulent opposition, and skeptical and hurtful neglect, have each had their turn.

The outcome is this: some established truth; much imperfect knowledge; more accurate and universal observation, investigation, and scientific classification and generalization of facts and principles, recognized as necessary for soundness and safety. For, this century-end period is nothing if not rationalistic and moderate in medicine; no matter how radical and fad-loving it may be in social, financial, and other affairs. Obviously, to the carefully thinking and reviewing mind, the vehement and spirited controversies of the past may throw their burden of blame justly upon three main factors: faulty observation and limited individual experience—mere empiricism; fallacious inductive reasoning and conclusions, involving premises based upon the preceding—the excesses of the *post hoc propter hoc* argument; lastly, lay criticism—especially from “them literary fellers.”

Thus, of venesection—or, phlebotomy—it may be said that we have had the *abuse*, and the *disuse*; let us continue to strive for its *use*—its permanent and true use on the bases of *scientific* empiricism. Neither the physician nor his patient want to see a reversion to its abuse; as in the days of the “drawers of blood and hewers of limbs;”^{*} or to its absolute disuse; as when, even when life might have been saved, it was held to be “contrary to common sense; to the intelligent reason; and to the manifest laws of the Divine Providence.”

^{*}Oliver Wendell Holmes.

In recent years we have come to recognize blood-letting as a most efficacious measure in practical medicine. Furthermore, a widespread desire in the profession for reliable data and indications concerning the employment of venesection is leading to a wholesome and careful clinical study of the true value of this remedial agency.

The paper on venesection read by Dr. Pye-Smith before the Royal Medical and Surgical Society in January, 1891, attracted much attention. That, as stated by him, "the accumulation of experience would soon lead to the formation of an opinion as to the cases in which this measure was desirable," was eminently true, is proven by the marked revival of interest which has been shown during the past few years in the subject, with a view to establishing the value of blood letting on a more scientific basis; as well as by the advance which has already been made towards a fulfillment of the desire for a more or less clear classification of the conditions indicating the use of the lancet.

There has been, so far, very little if any improvement on Pye Smith's category of cases where the employment of venesection may be expected to do good. This may be restated, profitably: first, cyanosis with distention of the right side of the heart, whether from pulmonary or other obstruction of the circulation; second, the intense pain of aortic aneurism; third, uremic and prolonged epileptic convulsions.

Without digressing further to discuss the reasons for expecting and getting favorable results following the use of venesection for uremic convulsions, I desire to report this case:

June 1st, 1894, a senior medical student brought to me his brother, E. D., æt. 20, single, born in this country, and a newspaper type-setter by occupation. His parents are living and well; the family history is negative as bearing upon the case. The patient's habits are irregular and imprudent; is a capricious eater, both as to quantity and selection of food; he eats too rapidly; he uses beer pretty often, though not excessively; he is a "cigarette fiend," smoking many packages of these nerve-poisoners, daily; he has always been careless about wearing proper clothing and foot-wear in cool, damp weather, especially at night and on the streets; and does not allow himself sufficient rest and sleep. He has had no serious illness.

A few nights previous to visiting me he was exposed to cool, damp draughts of air, while indulging in a few glasses of beer in a suburban park, and later, also, while returning thence by boat and street car. He awoke the following morning with some headache, dulness, and pallor and puffiness of the face. The urine passed then was free, but slightly darker than normal. When I saw him on the date mentioned above—about 30 hours afterward—he complained that the headache had become so excruciating that his brother was constrained to give him some morphine and phenacetin, which gave a little relief that morning.

The face was pale; and puffed lower eye-lids were distinct. There was slight nausea, and some eructations. Slight aching across the loins was complained of. The ankles were a little edematous. A specimen of urine brought along was dark amber in color, acid in reaction, and had a specific gravity of 1016. On agitating the bottle, an abundant foam was produced, the greater portion of which remained on the surface of the urine. Chemical examination—boiling test—gave about one-third albumen, by volume. The patient was ordered to bed; a calomel purge to be given; and hot blanket and hot water-bottles to be applied to encourage free diaphoresis.

On the following day, about noon, I was sent for in hot haste, the messenger alleging that my patient was having convulsions. Two other physicians near by had been summoned at about the same time; one of whom had given an hypodermic injection of morphine. Before they left we resorted to two hypodermics of pilocarpine, aa gr. $\frac{1}{8}$; continuing the hot applications meanwhile. Four uremic (epileptiform) convulsions—for such they were, clearly enough—had occurred already. A fifth took place within 30 minutes, while I watched; and the skin seemed not to respond one particle, it having remained dry from the onset. The pulse beats were 140 per minute; the respirations were accelerated and noisy; the face was cyanotic, the pupils moderately dilated; there was capillary congestion of the skin of the body and members. The urine was suppressed. The pulse being large and tense, the skin failing to act, and another (sixth) convulsion being imminent, I decided at once to open a vein. The left median basilic was selected on account of its prominence; and the patient bled—a thick tarry stream flowing—until the pulse became softer and quieter, the respiration tranquilized, the skin of the face pale-red instead of congested, and signs of returning consciousness appeared; it needed the abstraction of about 20 ounces of blood to effect these. Shortly thereafter, the cutaneous flood-gates were opened, and a profuse perspiration followed. Micturition was soon accomplished; the amount passed *per diem* gradually increasing, while the albumen kept on decreasing, until at the end of one month the merest trace was detectable by Heller's contact test.

Within two weeks convalescence had started. The diet was skimmed milk, light cereals, vegetables and fruits; lemonade, plain soda-water. A mixture of potassium acetate and infusion of digitalis was taken from the second day, for about one week. This was succeeded by strychnine sulphate and Basham's mixture. Two months later the albuminuria had entirely disappeared, aided, perhaps, by the use of strontium lactate. The physical signs of hypertrophy of the left ventricle, were superadded upon those of mitral insufficiency—the latter elicited early in the case, and probably the result of acute dilatation of the heart during the attack of uremic eclampsia.

After careful deliberation, it is the writer's conviction that it is not overstepping the bounds of modesty or fact to assert that, if ever life was saved by the interposition of blood-letting, then the case cited above is an instance of the same.

The question as to what causes uremia is as yet a remote one; the principle of the treatment is not so; but may be expressed by the one word—*elimination*. For, whether the cause of the uremic symptom-complex be the retention of one or several—probably the latter—of the urinary constituents, the fact remains that when diseased kidneys are unable to eliminate these toxic materials, they must be removed through other channels; the channel affording the quickest discharge being imperative for the gravest manifestations. Undoubtedly, uremic convulsions—which are surely grave and fatal enough ordinarily—will yield most promptly and surely to venesection for obvious reasons.

Broadbent attributes uremic convulsions, not to the accumulation of toxic urinary substances, but to high arterial tension. But surely this cannot explain all cases, if any, solely; for we frequently meet with cases of uremic eclampsia where the pulse is small, weak and of low tension; yet, even in these, venesection has done good, the pulse improving while the vein is bleeding. The restored secretory action of the skin and kidneys seen after blood-letting—as in the case reported here—doubtless result from the relief from congestion and an accelerated and balanced circulation.

It would be well, perhaps, to bleed in imminent cases of uremic convulsions, as recommended by Robinson.* The hypodermic injection of morphine and urethane (Washburn—Kinnicutt) whilst tending to control the convulsions, also obscure danger signals and symptoms: and do not remove the *materia morbi*—the essential procedure. Phlebotomy has an added advantage, in that where the intravenous injection of a saline blood solution is indicated, this can be readily accomplished.

Finally, given a clear case of uremic convulsions, with pulse either of high or low tension, and with cyanosis and capillary cutaneous congestion, venesection should be practiced as inevitably, almost, as the initial letter (*v*) of the term expressing the method of elimination follows alphabetically that (*u*) of the word expressing the multifarious condition of which the epileptiform seizures are but one manifestation—dreadful enough in themselves. In short, to quote the words of Dr. Stephen Mackenzie, in opening the discussion before the Royal Medical and Surgical Society, I may say: "I advocate its *use*."

1836 Wallace St., Philadelphia, Pa.

*N. Y. Med. Rec., March 17, 1894.

ADDRESS.

Some Surgical Sins.*

BY EMORY LANPHEAR, M. D., PH.D., SAINT LOUIS, MO.

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There are a number of "sins of omission as well as of commission" which surgeons may well pause to consider. Let no man lay flattering unction to his soul and say: "This is not for me." Wait and see! Profiting if there be ought to censure in your work.

1ST SIN: OPERATING UPON HOPELESS CASES.—There are some—and they are called surgeons—who will undertake almost any kind of an operation regardless of the prospects of cure or failure, nay, even of life or death.

The incentives are (a) to get a good fee; (b) to have the credit of operating—especially in rare or difficult cases; (c) to obtain control of an influential patient from a more conservative physician who, recognizing the hopelessness of the case, has been doing everything possible to lessen suffering and prolong life, but persistently refused to yield to the entreaties of patient and friends "to do something;" (d) ignorance of the real condition.

The objections to operating in cases well known to be hopeless are:

1. It is wrong. The doctor who will operate upon a case merely to get a good fee, knowing that death will follow, or no benefit be gained, is no better than a common thief! And the surgeon who will, under like circumstances, operate before a class merely to demonstrate the *technique* of the operation or show his own adeptness is little better. Yet I have heard a "professor" in one of the schools of St. Louis confess to this practice.

2. It brings discredit upon surgery. Therefore I plead for (a) more careful examination before operation; (b) more thorough diagnostic and prognostic skill; (c) more judgment in the selection of cases; for I am charitable enough to believe that most operations upon hopeless cases are performed not through desire for notoriety or gain, knowingly to the detriment of the patient, nor yet as an attempt to gain an advantage over a rival, but through ignorance of the actual condition and of the prospects of recovery after operation; indeed I must plead guilty myself, to having been indiscreet in the selection of cases in the enthusiasm of my early work. Verily, wisdom increaseth with age and experience.

3. It prevents patients with similar disease from submitting to opera-

*Delivered before the Missouri State Medical Association, May 22, 1895.

tion clearly indicated. An illustrative case: I was called to Nebraska to remove a cancerous breast; the disease was too far advanced for cure—operation could but hasten death and increase suffering. I refused to do anything. After my departure the doctor amputated the breast without opening the axilla (!) and the woman died in six weeks. A lady upon a neighboring farm, whom I saw at the same visit, had a scirrhus of the breast just developing, almost consented to extirpation, waited and was lost; she was "scared out" by the death of her friend. Another life sacrificed through ignorance!

The diseases in which this mistake is most liable to be made are: (a) appendicitis with perforative peritonitis; (b) cancer of the breast; (c) hip joint disease, far advanced; (d) malignant affections of the uterus; (e) severe, acute trauma, where waiting a few hours would determine the question of life and death.

2D SIN: DELAYING OPINION AS TO THE GRAVITY OF A DISEASE.—This applies particularly to cases which the attending physician knows full well tend to a fatal termination if not subjected to early operation; yet he hesitates to tell the patient the character of the disease and the necessity for surgical treatment—waiting, tinkering, giving medicine, encouraging the patient with false hopes—hopes he knows based upon nothingness; but still temporizing, waiting, ever waiting—for what, God alone knows. I never have been able to fathom such men, to determine why they delay, often until too late. And they are numerous—I meet them quite frequently. Only a few months ago a physician brought me a case of uterine cancer from the Indian Territory, far advanced; stinking; but still operable. He was well informed, a graduate of one of the best colleges of America, had treated the patient for some months, recognizing the malignancy at the first examination. Yet he begged me not to tell the woman the character of the disease; he had informed her that a simple, little operation would have to be performed for her "ulceration of the womb"—a "simple *little* operation," hysteraectomy! Well—I told her of her condition plainly and of her prospects with and without operation, and let her decide. She submitted gracefully, and was sent home inside of three weeks relieved from present danger; possibly cured. The doctor was in an agony of indignation for a time, but regained his equanimity when the patient did not denounce him for his deceit, and forgave me for my frankness on account of the prompt recovery of his patient, in whom he was really deeply interested. But why did he deceive her?

Such incidents are not at all uncommon. They occur chiefly in connection with: (1) uterine fibromata; (2) cancer of the uterus; (3) malignant tumors of the breast; (4) amputations—for septic wounds, osteomyelitis, tuberculosis, etc.; (5) appendicitis and (6) opening of purulent accumulations as (a) empyema, (b) psoas abscess, (c) cold abscesses of the neck, (d) pus in the joints, etc.

3D SIN: FAILING TO OPERATE IN DEPRESSED FRACTURES OF THE SKULL.—Until quite recently it has been the teaching of the schools to leave all fractures of the skull severely alone unless some grave symptoms demand operation, regardless of depression—because there was more danger (before the days of antiseptic surgery) in opening up wounds of the head than in leaving them alone. And in these degenerate days, when even a Joseph Lister takes a pocket-case from his pantaloons, removes a knife, automatically dips it in carbolic solution and proceeds to operate, I am not sure but the old doctrine is a pretty good rule to follow—for some operators. Indeed I have recently seen some prominent AMERICAN surgeons who pretend to be moderately clean (more concerning which, presently,) that I would not trust inside of *my* head. But presuming that every community now has at least one physician sufficiently familiar with antisepsis and asepsis to keep his professional brethren of the neighborhood from picking his instruments out of the solution for inspection (an accident that not infrequently has happened to me, and not always in the country, either) I must insist upon the future observance of Agnew's rule: every depressed fracture of the skull should be operated upon regardless of the amount of depression and irrespective of pressure symptoms. The reason for this is that nearly 50 per cent. of serious injuries to the frontal region, when untrephined, terminate in epilepsy or insanity, whereas 10 per cent. operated upon end unfavorably. It is not good practice to wait until nervous symptoms develop—the prognosis after operation then is not good. The way to cure traumatic epilepsy is to prevent it. Also traumatic insanity.

But many men will not operate for depressed fracture unless symptoms are marked; especially in the country. From timidity perhaps; a fear of criticism if the patient should die after operation; and of legal complications in cases of attempted homicide. (I know good surgeons who will not operate in any case where the question of murder will be subsequently a matter of investigation in the event of fatal termination. This is carrying self-protection too far.) And there are doubtless other reasons. At all events there are many cases, and recent ones too, of depressed fracture left untrephined. I see many of them. A majority, perhaps, depend upon the objection of friends and relatives, at the time of injury, to operation; doctors are too afraid of insisting upon operation under such circumstances. I have little respect for the man who has not the courage to live up to his convictions; to have an operation done or quit the case. But loss of dollars, and of custom, and of influence, and even of friendship, is a powerful salve for a bleeding conscience—and so the skull isn't draised and the doctor who knew better, but didn't dare, remains in charge. And an incurable epilepsy, or an insanity, is put to the debit side of his account for settlement in the great hereafter! Let us see. Here is a case in point:

P. G., was 52 years of age at the time of operation. Some four years

before he came under my care he was kicked upon the forehead by a mule. There was a marked depressed fracture of the frontal bone in the median line just at the margin of the hairy scalp; but as he fell into the hands of a "conservative" surgeon who believed that a depressed fracture should not be operated upon unless profound symptoms of pressure are present he was not trephined, because he was unconscious but a few moments and very soon went about his business as if the injury were of no consequence. If a progressive modern surgeon had been called, who believed that every depressed fracture of the skull should be subjected to operation at the time of injury, however slight the depression and irrespective of pressure symptoms, the most disastrous consequences might have been averted; for very soon a most remarkable change occurred in the patient. Before the accident he was an exemplary husband, and devoted father; a strong opponent of intoxicating liquors and a christian gentleman; noted for his integrity and excellent character. But soon it was seen that his character was totally changed—he deserted his wife and sought the companionship of prostitutes; he was so abusive to his children when at home that they fled from him in terror; he became so addicted to the use of whisky that he soon wasted his property and sunk to the level of the drunken sot, as often found in the gutter as in bed; he cursed and swore and seemed to lose all sense of manhood and decency—he was obscene, vulgar and debased. This condition continued for a period of more than three years with occasional intervals in which it was thought he was going to "reform;" finally after a long debauch suicidal and homicidal impulses became predominant, and at last the relatives consented to operation. Upon removing the depressed bone a large fragment of the vitreous plate was found projecting through the dura an inch or more into the frontal lobes. The superior longitudinal sinus was crushed and filled with organized blood clot, and much of the middle frontal convolutions showed signs of pressure but no decided degeneration. There was little shock and no meningitis following this extensive operation. A marked quietness instead of constant restlessness was the first change noticed in the mental condition; the countenance became more serene, the voice less coarse. As convalescence progressed it was found that the patient was more like his former self—he greeted his wife and children with a pleasant smile and kind words instead of scowls and curses. And when bodily health was completely restored he became his old self once more; gentle, affectionate and trustworthy. This improvement was not temporary. More than two years have elapsed, and his mental condition is as good as before the accident. He recalls the incidents of his mad career as one remembers a vivid dream, shuddering at the horrid recollection and trying to forget the terrors of the past in the pleasant realities of the present.

There was a triumph of surgery to be sure. But supposing this man had not fallen into the hands of one who could restore him; or that he

had died while yet in his iniquity. If wha, theologians tell us be correct would not the doctor who failed to do his duty be responsible for this soul's eternal torment? But—religion aside—from a purely ethical standpoint has a doctor the right to commit the "3d sin?"

4TH SIN: PRETENDING TO BE CLEAN BUT FAILING.—Every one knows the inestimable value of asepsis: most surgeons pretend to practice it; nearly all fail. The clean (ideally, surgically, truly clean) surgeons of America do not exceed a dozen! I know them—I mean the leaders of the profession, not the hewers of wood and tillers of soil; not the common every-day workers like you and me, but the men to whom we look for guidance. Why, I saw the "Professor of Surgery" in one of the leading schools of America, not long since, making a thyroidectomy before his class; his eye-glasses fell into the wound, he picked them out, deliberately readjusted them and complacently resumed his work without washing his hands—just as if nothing had happened; and in reporting the case subsequently he wondered why he had pus in the wound! This man poses as an exponent of aseptic surgery, and would feel scandalized if I were to suggest that his methods are not ideal. He honestly thinks he is practising aseptic modern surgery. It is just that kind of men who commit the "4th sin." And they are not confined to America either; England has but few doing perfect work, France is fully as bad, and some of the German surgeons are positively filthy; but, *per contra*, Germany to-day presents more careful, earnest, conscientious, aseptic surgeons than any other country.

The points of failure are:

1. Dirty finger nails. Lawson Tait's remark that 'the high mortality rate in abdominal surgery in the work of German surgeons is easily accounted for—they don't clean their finger nails' is applicable to the methods of some surgeons not Teutonic. Too many operators simply scrub the hands for a few minutes, wipe them upon a towel, wash in bichloride solution for an instant and then proceed to operate.

Doctor! Does that apply to *you*?

Now you know well enough that after carefully scrubbing your hands for several minutes you ought to dry them and trim the nails closely; then scrub with much soap and muscular energy for four or five minutes more; and then sterilize them by (a) immersion in alcohol for at least two minutes, finishing by washing in sublimate solution, or (b) washing in saturated solution of potassium permanganate until hands and arms are of a mahogany color, decolorizing in saturated solution of oxalic acid, and finally rinsing in sublimate solution 1 to 1,000. You know you ought to do this before every laparotomy, amputation, trephining, resection of joints, etc.—but, *do you do it*? If not, you are guilty of the "4th sin."

2. Carelessness in touching clothing, table, pulse of patient, handle

of pitcher, etc., during an operation, and then going on without washing again, is entirely too common even with those perfectly careful in all the details of preparing hands and field of operation. One of America's greatest teachers, writers and operators—a man of whom we are all proud—has to be constantly watched by his assistant in regard to this danger; in his enthusiasm he forgets his own precepts. "To err is human." There is some satisfaction in knowing that Missouri does not contain all the sinners. Every one of us should be more careful about contamination of our hands and instruments during capital operations. Eternal vigilance is the price of—asepsis.

3. Carelessness in handling and keeping gauze. (a) It is too common a practice to keep dry gauze wrapped in a paper which can be hurriedly unrolled and handled with dirty fingers in every case demanding haste. If gauze be kept dry—a necessity with the iodoform variety—it should be rolled in aseptic, oiled paper and placed in a tin box which closes tightly; touched only by clean hands; and heated to a temperature of 225° occasionally to insure maintenance of sterility. Preferably gauze should be kept in a glass jar in sublimate solution; closed tightly, and a dirty hand never thrust into the jar for a piece. In my own office I keep two jars of gauze—one for dressing of pus cases, the other for operations and aseptic dressing; from the latter, pieces are taken by means of a pair of forceps, sterilized by passing through an alcohol lamp before insertion in the jar. (b) Gauze is often cut with scissors not sterilized, especially in making dressings. I know a surgeon of more than local reputation who invariably cuts his gauze for dressings with scissors taken from his velvet-lined pocket case; and he is a teacher, too. But that does not make it right. (c) Allowing assistants or nurses with suspicious hands to cut the gauze is just as bad. I recently saw a "trained" nurse in a hospital assisting in removal of a breast; she was cutting gauze for 'sponges,' stopped to move the slop jar for the surgeon, handed the ether can to the anesthetizer, and then returned to her gauze cutting as unconcernedly as she would have resumed her breakfast—without a thought of washing. Such *cattle* should be taught the value of the Hindu proverb: "Cleanliness is the key to heaven."

4. Improper selection and management of instruments: (a) those without metal handles, so that sterilization by boiling or otherwise is impossible; (b) those with old-fashioned joints, so that perfect cleaning is unattainable; (c) failure to scrub and boil all instruments immediately after use in septic cases; (d) inattention to boiling the scrub brush frequently.

5TH SIX: UNDERCHARGING IN ORDER TO SECURE AN OPERATION.—Not very frequent does some one say? All too frequent; and by men who stand high in the profession, too. This assertion is no idle figment of the imagination. As a young man I am often compelled to suffer by

commission of this sin by older and more prominent men. One example will suffice :

A physician in Northern Kansas made all arrangements for me to remove an ovarian tumor ; a banker's wife ; fee agreed upon by all parties \$500.00 ; patient arrived at hospital during my temporary absence from the city ; banker "accidentally" fell into conversation with another and older surgeon who *incidentally* remarked that his (or to be charitable, he may have said *the*) usual fee for such an operation is \$250.00 ; banker, upon enquiry of nurses, physicians, etc., found this man to be "the best surgeon in the city," and—he was \$250.00 "ahead ;" I was \$500.00 "out." Many such experiences have been mine ; 'tis the luck of the young man, and the meek.

Hic fabula docet—but this isn't a fable, and is really not supposed to teach anything ; unless perhaps patience—which, like the poor, the young surgeon must have always with him.

6TH SIN : STEALING PATIENTS FROM OTHER SURGEONS.—This is more often the cause of hard feelings between surgeons than any other one thing ; though it is usually done in such a genteel, "ethical" way that there is no recourse left the injured party save *growling*. Occasionally one, with more courage than discretion, "prefers charges," which come to naught. Sometimes the biter is bitten. I recall an instance :

I had made all arrangements to operate, in conjunction with Dr. R. B. Maury, of Memphis, upon a Southern lady, affected by very bad pyosalpinx. In the city where she was stopping there was a surgeon who had made quite a number of sections, and was very ambitious to reach the magical "fifty cases without a death," beyond which world-wide reputation is supposed to lie ; he, hearing of the case, managed to be introduced, and, with an eloquence worthy of a better cause, persuaded her that *he* was the only man to do such work ; he actually took her in his own buggy, drove to the hospital, and operated on her without any preparatory treatment, and without waiting to consult the husband who had left town for a day ; the woman died a few moments after removal from the table ; the surgeon "broke his record," received no pay and incurred the hatred of the husband ; as for his relations toward me—I am his friend still ; it was simply a little professional indiscretion on his part, based upon enthusiasm. But there *are* cases of genuine, pure, unadulterated stealing. As no member of this association would be guilty of this sin, I dismiss it.

7TH SIN : REPRESENTING CAPITAL OPERATIONS AS TRIVIAL.—In order to secure consent to operation some are inclined to belittle the danger, representing the work as "trifling," etc. Of course I do not now refer to instances where there is good reason for not going into the details with a patient, explaining things to such an extent that a blank refusal results, when there is urgent need of operation ; nor to emergency work when ex-

planations must be made only after operation is done. But to gross misrepresentation or at least to the deception of silence in regard to the dangers. Once I was guilty of this sin; it was several years ago when I was just entering upon my surgical work. I had made some 30 or 40 abdominal sections without any bad results, and so thought I could do anything in pelvic work; in my over-confidence I committed the "7th sin," once more demonstrating the truth of Byron's words: "But ignorance must ever be a part of sin." A beautiful girl was brought to me from South-western Missouri, with tubal abscess, double; she questioned anxiously if there were danger in removal, for if so there were weighty reasons for waiting. And I forgetful that the fate of woman is

"Born to be plowed with pains, and sowed with cares,
And reaped by Death, lord of the human soil,"

assured her there was none. I removed the tubes, and secure in faith, in my works, knew not I tore into the rectum in separating adhesions. She died of peritonitis, never uttering a word of censure, but oh! that look upon her face as she passed to the realm of shades! Then, indeed, I felt the grievousness of my sin.

* * * "There is no future pang
Can deal that justice on the self-condemned
He deals on his own soul."

I believe I shall never again operate upon a patient, except in emergency, without fully explaining the possibilities of the case with operation and without, letting the patient decide. And this is right.

"Example teaches better than precept." One of our doctors, of international reputation, had as a patient one of the wealthiest women in the city. Disease: ovaritis chronica. Under chronic treatment she was comparatively comfortable, and would have so continued for many years; but she was ambitious to become well and be a leader in society. The doctor was likewise ambitious—to be known as an abdominal surgeon. And he tempted the woman with hopes of health. He said:

"Removal of the ovaries is a simple, little operation. Some fine morning I'll bring my table, my nurse and my assistant and take out those troublesome little things. And after ten days in bed you'll be well." "And is there no danger, doctor?" "None in the least, madam." So she consented. Oophorectomy was performed. The next day, just as peritonitis was rapidly developing, the physician left town for 24 hours. During the night another doctor was called who correctly told her she had but a few hours to live. Upon his return the operator hastened to the bedside of the patient, summoned by an urgent message. Around the bed were gathered some 20 or 30 ladies, the most prominent and influential in his practice. The lady reaching out her hand as if to extend a cordial greeting seized his in a grasp not to be shaken off. Calmly, amidst profound silence, she spoke: "Dr. —, I have called in a number of

your friends to hear what I have to say to you. I was a happy woman, a partial invalid to be sure, but happy in the love of relatives and friends, surrounded by all the comforts and luxuries that wealth can provide, not suffering much but wanting health. I could have lived for many years in the peace and happiness of my family. But in an evil hour you came and sung the siren's song. You tempted me with health and told me there was no danger. Your guilty face shows you knew you lied. Now I have peritonitis—but a few minutes to live—dying by your hands. Do you deserve future confidence and success? No! *With a dying woman's breath I CURSE YOU. Go!*" As she flung his hands from her he went—and his business went also. Need more be said?

8TH SIN: KEEPING PATIENTS TOO LONG UNDER CHLOROFORM.—'Twas the ambition of surgeons prior to 1846 to operate rapidly; he who could most quickly perform an operation was rated the best surgeon; in celerity was success and reputation. But with the introduction of anæsthesia the other extreme became gradually more popular until to-day the whole city of New York contains scarcely a half dozen operators who appreciate the value of time, even in the abdomen, many, indeed, say: "It does not matter how long the belly is open if one is clean and the room is warm." Fatal error! Every minute is an added danger to an opened peritoneal space. Nowhere in surgery is haste more necessary than in abdominal and pelvic work; the man who can most quickly open the abdomen, do his work rapidly and well, and close his wound with least delay, is the one who will have the best mortality rate, and in spite of the fact that he does operations that the slow man would not dare to attempt. The advice of a great operator anent ruptured tubal pregnancy is apropos: "Get into the belly as soon as you can, but for Heaven's sake *get out!*"

Beside the danger of long-continued exposure of surfaces liable to be infected, with consequent disastrous results, there is a greater one from the anæsthetic itself. We have been wont to ignore this; with immunity from pain and perfect quietness we have regarded our patient too little, forgetting the fact that at every operation, however small, in which chloroform or ether is given, we are responsible for a life literally carried "into the valley and the shadow of death," and that though immediate recovery from the anæsthesia seems perfect, danger is not past. "Shock" is usually due to: (1) excessive hemorrhage or (2) prolonged anæsthesia; many a death certificate has been filled in with "shock" when the real cause of death was too much chloroform or ether. Nor is this all; even though the patient escapes the well-known dangers of kidney trouble following ether administration, he has still before him the possibilities of serious trouble from the influence of long-continued, complete narcosis, upon the nervous system—effects which may be profound and lasting. As Wheaton says:

"There is little doubt that anæsthesia is responsible for this adding

of weeks, months and perhaps years of suffering and woe—and that many a tortured nervous system lives to-day to testify to the truthfulness of this statement."

In doing our operative work we should ever, therefore, bear in mind *Ariston metron*—the golden mean—not using undue haste at the expense of safety, nor keeping our patient too long under the ever pernicious influence of the anæsthetic. Unwise speed is bad; "chronic surgery" is worse.

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Examination of Fecal Matter a Valuable Therapeutic Indication.

By S. J. MONTAGUE, M. D., Winston, N. C.

Written expressly for this Journal.

While it is almost routine practice to commence treatment of most cases with some attention to the action of the bowels, the point I emphasize is that generally, whether from want of due appreciation of the importance of this function with its hidden or obscured possibilities, or distaste and inconvenience of personal investigation of the excrement, my observation and experience leads me to believe that too frequently much valuable information is lost, and important therapeutic indications, in consequence, not brought out. It is well known that diarrhœa is often a consequence of obstruction, and in this case examination by smell would suggest the possible condition.

Intestinal indigestion is proven by ocular examination of the dejections, and in colic and choleraic diseases of infancy, ocular and olfactory examination of the dejecta is indispensable to rational treatment. Realization of the diseases arising from auto-intoxication makes this subject a vast one and examination of excrementitious substances of the first importance, giving light to diagnosis and prognosis as well as treatment. As illustrative of this position I will give several cases from my practice, with different manifestations of disease, and not going into detail except in regard to the point I wish to prove.

Case I. J. G. A., hard-working and hard-drinking man, about thirty years old was taken down with pains in his limbs, fever, sleeplessness, &c., developing into, at the time I first saw him, a week from the time he took his bed, a genuine acute articular rheumatism with additions such as intense pruritus, continuous delirium, &c. His bowels were acting freely enough, but examination showed his feces to be loose, dirty-blackish color and very offensive, and urine loaded with urates. I gave him calomel and Rochelle salts alternately for a week, with the result of bringing away large quantities of very ill-looking and offensive excrement which I examined particularly every day, nor desisted in this treatment until the actions became of a healthy nature, after which he gradually and perfectly

recovered, and is to-day in good health. I gave him various other medicines in the treatment, but I believe that had this systematic attention to his bowels been neglected, he would have died.

Case II. M. F. A man in good circumstances and of good habits, sedentary life, aged about 34, was taken with pain and tenderness in right iliac region, quickly extending over entire abdomen with distention, fever, nausea and great distress of mind as well as body depicted on his countenance. Hot applications and a hypodermic of morphia had been given with directions to keep quiet, which was hard to do, as the morphia disagreed with him, and he had a notion of his own that he ought to have an action from his bowels, which so overpowered him that, against advice, he gave himself an enema, with some little bettering, which was only temporary. I saw him first shortly after this and diagnosed, as was then the fashion, appendicitis, and instead of calling a surgeon, I told him of the different treatments in vogue: (1) surgical; (2) rest by opium, and (3) drainage. He left the conduct of the case to my judgment, and I began to give him small doses of calomel which quieted his nausea, and he fell into a quiet sleep. Rochelle salts was alternated with the calomel daily, with all the fresh lemonade he wanted, and he relished it very much. His bowels began to act under this treatment, and he had ten to fifteen passages daily of offensive feces, his belly assuaged, the tympany and tenderness gradually lessened, and he perfectly recovered without other medicine, except one or two nights a little sulphonal to procure rest from nervousness.

Case III. P. M., a strong, healthy man, about 32 years old, was attacked with colic. After exhausting domestic resources to no advantage I saw him at 4 A. M. I found him suffering severe pain and tenderness located in the right iliac region—McBurney's point marked the center of the disturbance. He had some fever and nausea, and great restlessness, having suffered torture all night. I quieted his pain with a hypodermic of morphia. His bowels had moved freely and an examination gave me indications for further work along this line. The diagnosis was appendicitis, and he was given calomel in 5 gr. doses every two hours till four doses were taken, then Rochelle salts, a teaspoonful every two hours, with all the cold water and lemonade he wished. Morphine was left with him to be taken if the pain got unbearable, but it was not needed. The alternation treatment was kept up four days, till the excrement voided was of a healthy odor and color, and his diet was confined to fluid food, name'y: milk and animal broths. Hot turpentine stupes were kept on his abdomen. Little other medicines were needed—a few doses of acetanilid, more for its quieting effect than as an antipyretic, were given. The actions from his bowels afforded relief, and he was worse if this was insufficient. The fever and tenderness gradually left him, and in 10 days he was able to be about his business.

Case IV. This was the case of a married lady about 29 years old. She had been sick for months, and confined to her bed some weeks. Was wasted in flesh and strength, and to all appearance seemed near her end. Several physicians had attended her, but she continued to decline. The diagnosis seemed by general consent to be intestinal tuberculosis. Bowels loose and quite offensive to smell. She was given 3 gr. calomel every two hours for one day, then bowels kept open with salts two days, then calomel again, &c., until the dejecta were of healthful color and odor. After this she began to improve, and soon regained her health, and is now (two years from sickness) in good health.

Glaucoma ; Its Treatment Without Operation with Report of Cases.

By W. H. WAKEFIELD, M. D., Charlotte, N. C.

[Reported Expressly for this Journal.]

It is not my purpose to give a detailed description of this fearful disease, but simply to call attention to a few of the salient points in the clinical picture of the affection and to mention a treatment which has, in the cases on whom it has been used, produced results that are extremely gratifying.

Glaucoma, like Bright's Disease, is a name applied to several varieties of disease of which increased intra-ocular tension is the most characteristic sign. The disease may be acute, subacute or chronic.

Acute (inflammatory) glaucoma is often diagnosed "*neuralgia of the eye.*" Its onset is characterized by violent pain in the eye and head, often so severe as to induce nausea and vomiting. The lids swell, the conjunctiva becomes red and turgid, the cornea hazy and anæsthetic, the pupil more or less dilated and does not respond to light. The tension of the eye is increased and vision rapidly fails. After a few hours or days the symptoms gradually subside, but vision is rarely entirely recovered, and after a few weeks or months the attack is repeated. Blindness seldom results from the first onset, but each succeeding attack leaves the eye in a worse condition, and if the disease is not checked the eye passes into the state known as absolute glaucoma. The eye is now blind and of stony hardness. If the symptoms are less marked than those described the condition is known as Subacute or Chronic Inflammatory Glaucoma. It, too, steadily progresses onward to total blindness.

I will mention Chronic Glaucoma only to say: It is frequently mistaken for simple, senile cataract, and much valuable time lost in waiting for the cataract to "*ripen.*"

The only treatment of any avail in acute glaucoma has been iridectomy. This operation generally results in checking the progress of the disease. In subacute cases the instillation of solutions of eserine or pilo-

carpine is frequently followed by a more or less marked cessation of the symptoms, but these are apt to return on stopping the use of the remedy, and in the majority of cases, the action of these drugs fails to stay the progress of the disease and iridectomy must be done.

The object of this paper is to call the attention of the profession to the following extract from the April number of The Annals of Ophthalmology and Otology in which Dr. M. F. Pilgrim relates his experience in the treatment of glaucoma by means of galvanism. The Doctor writes:

"I wish to put on record as succinctly as possible, brief notes of three cases of glaucoma (seen within the last 17 months), the treatment and results. * * *

"It is not presumed that placing on record the histories of these cases can accomplish more than to stimulate investigation along the line and in the channels herein indicated. * * *

"It will, I think, be generally conceded by those who have closely followed the subsequent histories of their glaucomatous cases that, while iridectomy temporarily arrests the disease and that too, for a period more or less prolonged, it rarely, if ever, cures. * *

"The opportunities for observation afforded during the past two years inclines me more strongly to believe that in glaucoma we have a condition more than a disease *per se*. If this view is correct we are enabled at once to account for and explain somewhat the vague and ill defined phases which not infrequently present themselves and make the disease correspondingly difficult of recognition. * * * As briefly stated as is consistent with intelligibility, the following is an epitome of the observed features in the cases already referred to:

"Case No. I. A mechanic, 50 years of age, consulted me for a rapid diminution of visual power and great supra orbital pain affecting both eyes, who stated that he was annoyed a great deal with rings and circles of light. Tension was very high, cornea highly anæsthetic; anterior chamber very shallow. Vision was reduced to less than $\frac{2}{200}$ in right and $\frac{2}{160}$ in left, * * the patient insisted he could count the number of his heart's pulsations by the fierce "eye throbs." The patient declined iridectomy, yet begged for relief. Pilocarpin was used, a 4 gr. sol. being dropped in the eyes every 4 hours. At the next visit he was no better. The orbital and supra-orbital pain was still intense, arteries pulsating furiously and tension more exalted. He had now been 76 hours without sleep on account of the pain. * * *

"Again he declined an iridectomy. * * In sheer exhaustion of other expedients and resources, and because I was in the habit of using it in many other but less formidable conditions of the eye, I proceeded to apply over each eye a mild galvanic current, the anode to the nape of the neck and the cathode, covered with moist sponge, over the affected eye ball, making gentle pressure and moving it to and fro. At the end

"of fifteen minutes the patient expressed himself as feeling a decided relief from pain. To my astonishment the tension and the pulsation had perceptibly diminished. The application on the following day resulted in entire relief of pain with a still further reduction of the tension and pulsation. Patient was given daily galvanization for two weeks, then thrice weekly for three weeks, at the end of which time tension was normal and vision in right $\frac{2}{0}$, left $\frac{2}{0}$, which was now very much bettered by means of glasses.

"Case No. 2. (History is practically the same as the first, and will be omitted.)

"Case No. 3. Young lady, 29 years old. Has been a school teacher for four years, and the last three years preceding her visit to me, an accountant. Her eyes had "troubled" her for some years and she came now to obtain glasses. * * * Halos were quite annoying. Pain was present only while and after using the eyes. Pupils semi-dilated. The cornea was anæsthetic to a marked degree, anterior chamber shallow and tension increased considerably, but less so than either of the preceding cases. * * * Vision $\frac{2}{0}$. Iridectomy was not proposed to this patient, but I at once proceeded to apply galvanism. A mild current was applied, but this time the current was reversed, not intentionally, but because I did not think it made any difference which pole was applied to the eye. After five minutes the patient begged me to desist, declaring that the pain, which was slight at the beginning, had now become unendurable. It was found that tension had risen about one-half. Patient reported on next day stating that she had passed a sleepless night on account of the pain; her vision was worse, and in every way the eye was worse. It required considerable persuasion to induce my patient to submit to a trial of galvanism again *with the poles reversed from the positions they had the previous day*, but in 20 minutes she arose from her chair declaring she felt 90 per cent. better. She was now treated similar to case No. 1, and in one month her vision was $\frac{3}{0}$ and with glasses $\frac{2}{0}$. A 2 gr. sol. of pilocarpin was dropped in all these eyes four times daily during treatment. It has now been 12 months since the last one of the three was treated, and the eyes all remain in the condition they were when dismissed from treatment.

"I have other cases under treatment, but sufficient time has not elapsed to warrant reporting them, but I can say they promise as well as those reported. It is not claimed that these cases were cured, or, indeed, that glaucoma is ever cured in the sense in which that word is ordinarily employed and understood. All that is claimed is that they were genuine cases of glaucoma, such as would be unhesitatingly treated by iridectomy alone, and that they were relieved by galvanism, obtaining as good result, at least, as could be expected from iridectomy.

"The writer has witnessed scores of iridectomies done by the ablest

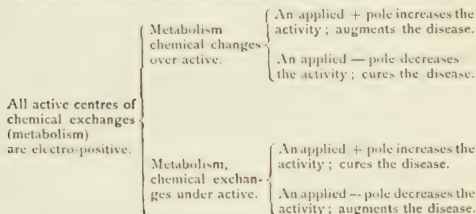
"of ophthalmic diagnosticians as well as surgeons where the glaucomatous symptoms were very much less marked, and in some instances where they were, indeed, quite obscure. Furthermore, it has been my undeviating custom to operate in all cases of high tension and anæsthetic cornea, accompanied by pain and disturbance of vision. * * * The employment of other expedients was greatly against the writer's judgment and advice, and had the patients been less obdurate, would not have been given a moment's consideration.

"It is submitted, in this connection, that the results in these cases without operative procedure were certainly as good as ever obtained by it, and in case No. 3, better. * * *

"It must be conceded that the application of galvanism in each of the three cases above mentioned was followed by an effect which, as we have seen, was an immediate and continuing beneficial one.

"It is interesting to inquire how the galvanic current operated in thus producing relief from pain, reduction of tension, etc. * * * Attention, in this connection, is invited to the fact that in case No. 3 the anode was inadvertently, or carelessly applied to the eye-ball, with the result of aggravating the pain and causing an increase of tension, whereas reversing the poles caused, as in cases No. 1 and 2 an almost immediate diminution of pain and tension.

"This incident, if it is significant at all, would appear to be an important contribution to our knowledge as to the pathology of glaucoma and indicates that the disease we have to deal with is a condition of over-activity of nerve function. This is demonstrated by reference to the accompanying diagram quoted entire from Dr. William J. Morton's brochure entitled: "Upon a Possible Electric Polarity of Metabolism and its Relations to Electro Therapeutics and Electro-Physiology:"



"By reference to the above diagram it will be observed that in over-activity the negative pole is the one to apply to the orbit.

"As a matter of fact, it was that pole which was applied in the cases

"cited that subdued pain and reduced tension, whereas the application of "the positive pole markedly intensified the distress of patient No. 3, and "increased the tension."

In quoting, as above, from Dr. Pilgrim's valuable paper, I have, of necessity, omitted much that would have been interesting, but space forbids a more lengthy extract.

It is admitted that the weight of authority is in favor of hypersecretion (over-activity) being the most probable cause of glaucoma and, if this be the true explanation of its causation, we are warranted in placing the negative pole of the galvanic current over the glaucomatous eye and expecting relief. At all events, it would be wise to try the effect of this useful agent before subjecting the patient to an operation, since the operation may be done later if galvanism should fail.

The family physician must not lose sight of the fact that it is to him that the vast majority of persons suffering from all forms of glaucoma first apply for relief. Very few of these sufferers apply direct to the specialist. Hence, on the family doctor, rests the burden of making a correct diagnosis and instituting proper treatment.

Gun Shot Wound of Anus--Recovery.

By W. E. FITCH, M. D., Durham, N. C.

Reported for the Charlotte Medical Journal.

On January 18th, 1895, I was hurriedly sent for to see John Guess, col., a boy about 12 years old, who had just been shot with an old 32 caliber pistol, thought to be unloaded; the messenger said they thought the boy was dying when he left. Upon my arrival I found the boy prostrated from loss of blood, passing from his rectum, and when asked to urinate blood passed in small clots with his water. Upon interrogation I elicited the following history:

John Guess was in a bed room with an older brother, 18 years old, playing with an old pistol. John was asked to kneel down by the bed and lay with his stomach and face downwards on the bed, with his knees on the floor. When this decubation was assumed, the older boy placed the muzzle of the pistol in close juxtaposition to the seam in his pants and fired, the ball entered half inch posterior to the anus, cutting through the sphincter and muscles, which caused him to loose control of his evacuations. I, after very carefully examining the wound exteriorly, determined to explore the wound and if possible find out the destination of the ball. I thereupon introduced an olive-pointed probe which went in without any obstruction for 10 or 12 inches. When it was withdrawn a little blood passed. Patient complained of severe pain. I ordered opiates and bromides to produce sleep, and a laxative to open the alimentary canal, and calomel in $\frac{1}{10}$ gr. doses every three hours, and called next day, Jan. 19th.

Patient had a bad night; did not sleep much; had not passed any urine since the shooting. I drew from his bladder, with a soft catheter, about one quart of thick, bloody urine, very offensive to my sensitive olfactory nerves. His temperature was 104° , respiration 35, pulse 120° . I left him thinking they would soon have to order a ready made funeral, but to my surprise on January 20th the boy passed a comfortable night, had ate some milk and toast, and felt better.

I was asked to examine his right lung, as he complained of severe pain when coughing, and would cough up bloody, rusty sputa. I could hear large mucus, breezy rales in a straight line two inches to the right of the xiphoid cartilage and on a level with the 7th rib, running straight to the head of the humerus. My conclusion was that this was the tract through which the ball passed. The patient on the 22d had a chill, and with the symptoms then present, I unhesitatingly made a diagnosis of traumatic pneumonia, which yielded to the ordinary treatment. On February 15th dismissed the patient cured of the pneumonia, and as to the ball—he still carries that with him.

I report this case not for any new method of treatment used in the case, but to show how much shooting a negro can stand, whether you shoot him in the head, heart or anus, without killing him.

Treatment of Purulent Ophthalmia by Irrigation.

In a letter to the editor-in-chief of *Annales d'Oculistique*, Dr. E. Doyen, of Rheims, states that he has substituted, in the treatment of purulent ophthalmia, antiseptic irrigations in place of nitrate of silver cauterizations, with most excellent results. He uses a rubber bulb holding 150 to 200 cubic centimetres, furnished with a stiff canula of red rubber. The irrigation fluid, at a temperature of 37° to 38° (C.), is placed in the bulb, and the canula, covered with vaselene, is introduced under the lower lid, then under the upper, and the fluid discharged by pressing the bulb. This is repeated every half hour in bad cases.

The treatment is not painful, and the writer has often delegated its use to the mother in poor families. The fluid used is 1-5000 to 1-10000 bichloride solution or Labarraque's solution 1-50 to 1-20.

The latter has the advantage over the sublimate of not coagulating pus and of having a solvent action on mucus secretions, which property is due to its strong alkalinity. It would seem that the latter agent is to be preferred to the bichloride, as it is also more actively antiseptic and less irritating to the conjunctiva. In his hands the treatment by irrigation has been entirely satisfactory, being more easy of application than nitrate of silver, and yielding as good, if not better, results.

This plan of treatment is not new, as it was well known in the practice of Chassaignac, but the method of application is now more rational, and the results are such as warrant its continuance.

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Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

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A MEDICO-LEGAL DECISION OF UNITED STATES SUPREME COURT.

A woman sued the Union Pacific Railroad Company for an injury to the spine, which she claimed had resulted from the fall of an upper berth of a sleeping car upon her. Three days before the trial the company asked the court for an order requiring the woman to submit to an examination by the company's physician, pledging to make it with as little exposure of the person as possible and in the presence of the medical man in attendance upon the woman. The court overruled the motion on the sole ground that it had not the right to enforce such an order. It was carried to the Supreme Court, which sustained the action of the lower one, saying that "such an examination is the invasion of the sanctity of the person to a degree that the law does not recognise, and that it is inconsistent with common law," and, further, the opinion said that "the court could not find that, until within a generation, it ever was thought that a court of common law had such a power as was claimed in this case." Justices Brewer and Brown dissented, and it is to be noted that they are the younger men on the supreme bench, who may be said to belong to, to understand, and sympathise with the generation now on the stage. Justice Brewer called attention to the "new times" in which we are living. He said that the actions for damages for personal injuries, now so common, were very infrequent years ago, and that it was an open question and not determinable under the old common law procedure. If a person permitted exposure for the purposes of examination by the physicians who were to be called to testify in his or her behalf, it seemed to him but common justice that an order should be made for examination by the opposite side. He did not think it right that any person, where his or her interests were promoted after making disclosures of the person, should be allowed to refuse this permission to a physician representing the company sued on the plea of "sanctity of the person."

PROF. HUXLEY.

It can be appropriately said, in recording the death of Thomas Henry Huxley, that one of the most robust intellects of this country has passed away. His name has been familiar to the literary world for the past fifty years. His literary work was very wide and varied, but he will by the present generation be best remembered for the ardour and enthusiasm with which he accepted and defended Darwin's theories as to the Origin of Species. Indeed, it is not too much to say that the disciple excelled the master in the fervency of his belief, and as the dispute became polemical the doctrine was carried by Huxley to a far more advanced point than Darwin probably ever anticipated. He was a master of literary style, clear, incisive and strong, and these qualities were undoubtedly due to the extreme carefulness with which he revised and re-revised, and polished and repolished everything that he published.

ALCOHOL IN PNEUMONIA.

The effect of alcohol on most of the organs of the body has been carefully investigated, and it is well known how badly drunkards stand pneumonia, it is quite lately that any attempt has been made to ascertain what effect alcohol has upon the tissues of the lungs. Recently experiments have been made upon thirty dogs, all apparently in good health, and weighing from fifteen to twenty-pounds. The experiments were thus carried out:

A quantity of commercial alcohol (from one drachm to one ounce) was injected into the trachea, just below the larynx, of a carefully etherized dog. The effects of equal amounts upon animals of the same weight varied greatly; thus, two dogs, each weighing twenty-five pounds, were injected with two drachms respectively, one died in an hour, the other in six hours; while of four other dogs, two weighing twenty-five, one eighteen, and one fifteen pounds, injected also with two drachms each, all four survived. The symptoms which these experiments induced were all similar; dyspnoea, increasing as the inflammation increased, until all the accessory muscles of respiration were called into play. On auscultation it was found that air entered the bronchi and alveoli with great difficulty, and the heart had hard work in pumping blood through the pulmonary circulation. *Post mortem* the appearances were those of broncho pneumonia, and the air passages were filled with frothy bloody mucus, even in one dog that died in five minutes. Thus it was found that alcohol produced a lesion very closely resembling (if not identical with) that of broncho-pneumonia in man. This is regarded by the investigator as explaining to some extent why drunkards attacked by pneumonia succumb so much more readily than do the temperate. The tissue of the lungs is practically enveloped in alcohol, flowing through the capillaries on the one hand, and passing

from the blood into the air vesicles on the other, a condition which must create a state of semi-engorgement or a mild inflammation similar to his red nose and his congested gastric mucous membrane. Since chronic congestion is an important predisposing cause of inflammation, the liability to pneumonia is increased, and, their vitality being lowered renders the lungs less able to recover from the effects of the disease.

TRAINED NURSES.

There is more truth than poetry in the statement that good nursing is half the battle in sickness. Every physician feels greatly relieved to know that he has a good nurse when attending serious sickness. No person has greater power for evil or for good than has the nurse in the sick room. Her position is second to that of the physician, but her opportunities for exercising it are almost unlimited. The traits of character which make the ideal nurse are patience, obedience, tact and good sense, and temper. Her authority is absolute after the physician's. She must obey the physician's instructions to the letter, even if they are against her judgment. She must have no discretion in the matter. The patient and the patient's family must obey her. The fact that her patient is a man should make no difference in her behavior in the sick room. He is a patient, not a man, and she a nurse, not a woman. All the physician's instructions in reference to treatment, diet and care should be followed faithfully. I once heard the late and honored Dr. Loomis say that if he had typhoid fever and had to have in attendance upon him either a *good nurse* or a poor doctor he would choose the nurse every time. I am glad to see people paying more attention to this important subject; I am also glad to see that in our Southern towns trained nurses are much more promptly engaged than formerly. Even in our own city we have several.

A CAUSE OF MENTAL IMPAIRMENT IN CHILDREN.

In discussing this subject I have noticed that malnutrition is among the most prominent causes of mental impairment in children. It is both a powerful exciting cause and in itself competent to irretrievably damage the brain. In this country we are less influenced by the deprivation of food, being better provided in this particular than any other large nation, but the people are more subject to disorders of over-tension from protracted strains on the nerve resistance. We are less given to alcoholism, because our food supply is ample and the craving for stimulants by underfed stomachs less general; but owing to the intensity of effort in our habits of fierce competition there is induced a feverish restlessness and higher cell activities. The brain is the stimulator and inhibitor of all nutrition, hence it becomes responsible for the functions of all the organs, and as they fail it suffers harm.

THE DOSE OF DIPHTHERIA ANTITOXINE.

In ordinary cases a dose of 15 c.c. is injected when the disease is suspected and before the diagnosis is absolute, and after a period of twelve hours the remaining 10 c.c. are injected. Adults require larger doses. In serious cases the quantity should be larger: 25 c.c. at first, 25 c.c. more within twenty-four hours, and even 100 c.c. can be injected within a few days, the serum being wholly innocuous. The injections are given subcutaneously, preferably in the lateral part of the abdomen, after the site of injection has been carefully washed with a 4 per cent. solution of carbolic acid, or a 1 per cent. solution of lysol. The injections are almost painless, and massage is unnecessary, as the swelling caused by the fluid disappears quickly. In a family in which a case of diphtheria occurs, it is recommended to immunify the other members, especially the children, with a small quantity of serum (3 to 7 c.c.).

ANTISTREPTOCOCCIC SERUM.

According to a brief editorial paper in one of our French exchanges it seems very probable, from recent observations, that a serum has been prepared which is capable of arresting the numerous forms of infection caused by streptococci. About three years ago it was shown by Roger that cultures of streptococci contain two antagonistic substances, one of which diminishes whilst the other increases the resistance of inoculated animals. The former is destroyed by heat, so that with a culture raised to a temperature of 230° F. animals can be vaccinated against streptococic infection. The serum of animals thus treated acquires the property, not of destroying, but of attenuating the microbes which are introduced into them, and of checking the infection set up by virulent cultures. Serum taken from a mule, which had been extensively injected with sterilised cultures, was used on a woman suffering from puerperal fever. After unsuccessful injections of 8 and 16 c.cm., a third injection of 25 c.cm. on the third day was followed by defervescence of the fever and rapid recovery. Three other cases have since been published by Charrin and Roger. The first of these was also one of puerperal fever. Injections of serum amounting to 40 c.cm. were followed after the third day by speedy defervescence and cure. An infant, 11 days old, suffering from erysipelas of the face, recovered after a single injection of 5 c.cm. of serum. In the third case, which was one of streptococic pseudo-membranous angina with very serious cardiac symptoms and a temperature above 104° F., a single injection of serum was followed by recovery in the course of thirty-six hours. The author of the paper, though unwilling to draw any definite conclusions from this small number of cases, is hopeful of future success from commencing the treatment early and introducing large quantities of serum. The prospects of success in this direction are favoured by the

fact that Marmorek, another and independent investigator, has recently recorded a series of 44 cases of erysipelas in which the patients rapidly recovered after the injection of a specially prepared serum.

DIETETIC RULES IN PREGNANCY.

Dr. Eichholz, of Kreuznach, maintains that a large proportion of the discomforts and difficulties preceding, attending, and following parturition might be avoided by a rigid adherence to some simple dietetic rules. Excess of albumen and of water are, he considers, the errors against which pregnant women should be warned, as tending respectively to excessive development of the fetus and secretion of amniotic fluid. His rules are: Meat only once a day, and that in small quantity, and rarely if ever salted; green vegetables, salad, potatoes, bread and butter, but avoiding, as far as possible, eggs, peas, and beans as being too rich in albumen. Thirst to be quenched by milk or water in very moderate quantities, and cocoa in preference to tea and coffee. Wine, beer, and spirits to be forbidden, and drink of any kind unless in case of urgent thirst; but fruit, raw or cooked, to be indulged in *ad libitum*. The general result of such a diet he found to be a remarkable feeling of well-being; the sense of fullness, bearing down, and weariness, thirst and constipation soon disappeared, and the patients have been able to walk many miles up to the eve of confinement. The ease and rapidity of the deliveries in some 25 consecutive cases, some of whom had previously had tedious or difficult labours, the small amount of liquor amnii, often not more than a teacupful and sometimes almost inappreciable, were striking, and all without exception succeeded in nursing their infants, though some had not been able to do so before. The children were healthy but small, mostly weighing 6 lbs., and the circumference of head was under 36 cm., averaging 33 to 34. The restriction of albuminous foods had no injurious effect on the quantity or quality of the milk.

RECTAL REFLEXES.

Of late a great deal has been written about reflexes as concerns the physician in practice. Almost every conceivable statement has been said and written concerning the part reflexes play in disease. The greatest and most fashionable resort for reflexes is in the rectum. They are found there in wholesale lots. It can be conscientiously stated that the rectum as a seat of reflex, however, causes much physical trouble. Very often a supposed uterine or ovarian pain may be caused by a slight proctitis. What is more common than for an inflamed hemorrhoid to be the cause of pain in the bladder, prostate or urethra.

Persons who suffer with diarrhoea, or supposed dysentery, or it might be from obstinate constipation may often find an explanation for the con-

dition in the observance of a close and spasmodic sphincter muscle; and just the reverse, many a man can often be relieved from a supposed rectal trouble by having a stricture in the urethra dilated. Hence we see that many times a grave mistake is made by treating symptoms, and not the cause. Good common sense is the greatest qualification in the practice of medicine. Engraft upon this a medical and surgical knowledge of disease, and mistakes will be infrequent.

SYMPTOMS OF INCIPIENT LOCOMOTOR ATAXY.

We have a few unmistakable signs of the early stage of this disease. The sign of Romberg; the "stairs" sign; crossing of the legs; walking at the word of command; standing on one leg.

Romberg's sign can be thus appreciated. The eye is an indirect regulator of motion; it helps to correct deviations in walking and maintains the equilibrium. When a patient is suspected of incipient ataxy, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instants his body will oscillate, and if the malady is somewhat advanced he will be in danger of falling.

The "stairs" symptom. One of the first and most constant symptoms of incipient locomotor ataxy is the difficulty with which the patient will descend stairs. If questioned closely on the subject he will say that at the very outset of his malady he was always afraid of falling when coming down stairs.

The manner in which a patient crosses his legs is often significant. In the normal state a man when performing that act lifts one leg simply to the height necessary to pass it over the other, whereas in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle.

Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate as if he wanted to find his equilibrium before setting off. If while in motion he is told to stop short, his body, obeying the impulsion, inclines forward as if about to salute, or, on the contrary, jerks himself backward in order to resist the impulsion forward.

The patient is asked to stand on one leg, at first with his eyes open, afterwards closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little time. The ataxic will experience a great deal of difficulty, and will instinctively call to aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy; they will not all be present frequently, but they should be all sought for in order to avoid an error which might have grave consequences.

IMMUNITY.

Prof. Buckner has published a summary of his work for the past three years on immunity, and collects thus his most important conclusions:

1. Natural resistance against infection—so-called "natural immunity"—depends upon totally different causes and conditions to those on which artificial or acquired immunity depends, and though practically both may coexist in the same patient, the two sets of conditions must scientifically be considered and investigated separately.

2. Natural resistance depends, on the one hand, upon the bactericidal action of certain dissolved constituents of the organism—the so-called alexins—and, on the other hand, upon an inborn insusceptibility of the tissues and cells of the body to particular bacterial poisons. Natural resistance as a rule cannot be communicated to another animal by the blood.

3. The leucocytes possess an important function in the natural methods of defence of the organism, not as phagocytes but by reason of soluble substances which are secreted by them. Phagocytosis is only a secondary phenomenon.

4. Artificial or acquired immunity depends upon the existence of modified specific bacterial products, the so-called antitoxins found either in the blood or in the tissues of the animal or in both places. As a rule the antitoxins and the artificial immunity which they carry with them may be conveyed to other animals by the blood (and milk).

5. Antitoxins work not by direct destruction of the bacterial poisons from contact with them, but they lean—in the animal, and only through the medium of its tissues—to a diminution of the specific susceptibility of the living tissues, whereby these become insusceptible and resistant to the bacterial poison.

SCHOOL CHILDREN'S DIET.

A constant source of juvenile debility, with its resultant changes in bone and ligament, is bad or insufficient food. The nitrogenous element especially is frequently deficient. The food is either insufficient in quantity, indifferent in quality, or badly cooked. All three conditions are very common in public schools, and yet no remedy is suggested because of the mistaken idea that the complaints of school-boys and school girls against their food should never be listened to.

The bony and ligamentous tissues thus weakened by imperfect feeding and displaced by irregular pressure, increasing in directions where the steady continuance of pressure should have prevented such increase, and remaining stationary from pressure which should not have existed, obviously must result in deformity; but a deformity of such insidious origin and of so slow a growth that it becomes evident only after years of progress. With these changes and alterations in the bones and ligaments

there is necessarily concomitant muscle weakness, but a weakness easily remedied and of trifling importance to the patient compared with the other changes. Now the law which brought about so great a change by the continuity of action of a factor but slight in itself can be pressed into the service of the surgeon, and the result reversed by changing the factors but making them act in the same continuous way. Just as a deformity is effected by unnatural conditions and positions acting for a long time, so cure will be effected by natural conditions and positions being restored and retained through months and even years. From the consideration of this law it becomes self evident that it is far more important to have prolonged rest in good positions than to have frequent (but necessarily occasional) drilling. By "rest" does not mean recumbency, but merely the avoidance of exercises that produce fatigue, such as, for instance, long walks. It is very wrong to enforce, even in the most healthy, long races and paper chases and any other exercises which cause severe prolonged strain to the heart. Such prolonged over-exertion causes impaired nutrition, which necessarily results in atrophy and weakness.

Enlarged Prostate and its Surgical Treatment.

Dr. William P. Munn, of Denver, Col., thinks that the enlargement of the prostate which frequently causes trouble after 60 years of age is not due to hypertrophy of the gland but to fibroid growths within it. The resulting relaxation of the sphincter causes inability to retain the urine in the bladder, the encroachment of the enlarged gland upon the urethra in front causes retention, and the decomposition of the retained urine renders it acrid, causing pain. He thinks that so long as the urine can be kept clear, retained from three to four hours, and passed without pain, palliative treatment is to be relied on. But when in spite of the best care the urine became cloudy, could not be retained more than an hour or two, and suffering was impairing the patient's general health, that operative measures should be promptly resorted to, before the general condition became such as to render improbable a favorable result. He would first resort to prostatotomy, perineal or suprapubic according to the case; and would reserve castration as a last resort.

Is Bicycle Riding a Cause of Impotency?

Dr. John T. Davidson, of Denver, thinks that as bicycle riding becomes more general the number of cases of impotency will be found to be on the increase. He has not found any riders who admitted such an influence on the part of the wheel, and does not think it a necessary result from proper riding. But stimulation of the perineum would in time render it less sensitive to other stimuli; and traumatism, especially from riding on an improperly fitted saddle, was likely to aggravate or excite other troubles that are recognized as causes of impotency.

BOOK REVIEWS.

A HISTORY OF EPIDEMICS IN BRITAIN. By CHARLES CREIGHTON, M. A., M. D.
Vols. I-II. From 664 A. D. to the present time. Cambridge, University Press,
1894. (Royal 8vo, pp. 900-896. 40s.)

The title of these volumes show sufficiently their scope. The date 664 A. D. was chosen as a starting point for the reason that this was the year of the first pestilence ever recorded in Britain. The first volume closes with the extinction of the plague in 1665. This makes a long era of epidemic sickness which differs much in character from the era following, which is recorded in volume second. It has been a difficult task indeed for the author to collect from general history the points necessary to write the first volume. This is particularly so in regard to the exact data relating to local outbreaks of plague. Many times this information could only be gotten from parish histories, which were often without an index. Up to the Elizabethan period medical books proper gave very little history relative to English epidemics. Several English writers of the Seventeenth Century recorded epidemics, but only of their own time. The history of epidemics subsequent to this period are dependent upon medical sources entirely. The first chapter of volume first records the pestilences previous to the black death, chiefly from famines. The plague of 684, described by Bede, is certainly well written and very interesting. A description of the black death of 1348, its progress through Britain, with contemporary English and Irish notices of its symptoms and mortality, is given in the third chapter. The first epidemic of influenza that we have any history of is described in chapter seven. This was in 1540, and it swept all over Europe, and was probably more fatal than any subsequent outbreak. Chapter nine gives the first account of smallpox which was recorded by Arabic writers in 1100. This epidemic probably caused more deaths and suffering than any other similar outbreak. No history of medicine has ever been written that deserves more praise than the first volume of this work. In fact, it is the only complete history of epidemics ever written. Volume second takes up the history of epidemics from 1666 to the present time, describing the different forms of continued fever, typhus fever, dysentery, typhoid fever, malarial fever, whooping cough, scarlet fever, diphtheria, summer diarrhoea of infants, Asiatic cholera and many other diseases, the early history of which is very interesting to a medical student. The first epidemic of typhus fever (first described as spotted fever) developed in London in 1667. From London it spread all over Europe. The nine chapters making up the second volume of this valuable work is full of the interesting history of the different epidemics, giving the dates, duration, fatality and the different changes in the names of the same epidemics of different periods. We recommend the work. No student of medicine or surgery can afford to be without it.

THE ART OF MASSAGE. Its Physiological Effects and Therapeutic Applications. By J. H. KELLOGG, M. D. Cloth, 275 Pages, Illustrated. Modern Medicine Publishing Co., Battle Creek, Mich., 1895.

This elegantly gotten up and most beautifully illustrated work is written in a simple style for the use of nurses, students and others who may wish to employ massage. The illustrations in themselves constitute a valuable training, and with clearly expressed directions must furnish an admirable text-book for teaching or for self-instruction. Some of the pages have been published as special papers in the medical press, but most of the matter is new, and it is of a high order. It is no doubt the **most complete and scientific work** that has ever been written on the subject.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Vol. VII. Seventh Session. Held at Charleston, S. C., Nov. 13, 14 and 15, 1894. Published by the Association 1895. Octavo: pp. 336.

The papers contributed to this volume number over thirty. Many are of a high order of excellence, and show that this comparatively young society is one of the most vigorous promoters of the interest of medicine among the larger organizations in this country. Of the papers by no means the least interesting are Dr. Miles' memorial address on Dr. Warren Stone, the noted surgeon, and Dr. Souchon's "Reminiscences of Dr. J. Marion Sims in Paris," each of whom gives much interesting information regarding the subject of his sketch. A very valuable paper is that of Dr. Bedford Brown, of Alexandria, Va., on "Observations on Reaction of Chloroform on the functions of the Human Brain and Spinal Cord, as Witnessed in Extensive Injuries of the Cranium and Brain." Dr. Wm. E. B. Davis, of Birmingham, Ala., one of the founders of this society, is now its efficient secretary.

TRANSACTIONS OF THE VERMONT STATE MEDICAL SOCIETY FOR THE YEAR 1894. Published by the Society.

These Transactions are exceptionally fine in many respects. They make a handsome volume of about 300 pages. Dr. D. C. Hawley, of Burlington, Vt., is its efficient secretary.

Reprints.

Impotency and the Ram. By Albert H. Burr, M. D., Attending Physician Provident Hospital, Chicago, Ill. Reprint from the Medical Summary, Philadelphia, April, 1895.

Rational and Irrational Methods in Infantile Convulsions. By Albert H. Burr, M. D., Physician to Provident Hospital, Chicago, Ill. Reprint from the Medical Summary, Philadelphia, July, 1895.

Stricture of the Oesophagus. By Geo. F. Keiper, A. M., M. D., La-Fayette, Ind., Eye, Ear and Throat Surgeon to St. Elizabeth Hospital, St.

Joseph Orphan Asylum, etc. Reprinted from the April Number of the Fort Wayne Medical Magazine.

Physical Examination of Plaintiff in Personal Injury Cases. By Clark Bell, Esq., of New York.

The Operative Treatment of Varicocle. By A. B. Cooke, A. M., M. D. From the American Practitioner and News, March 9, 1895.

Tartar Emetic in the Treatment of Pneumonitis. By C. T. Grinstead, M. D. From the American Practitioner and News, December 1, 1894.

Exploratory Pleurotomy and Resection of Costal Pleura. By Carl Beck, M. D. Reprinted from the New York Medical Journal for June 15, 1895.

A New Method of Resuscitating the Still-Born. By A. B. Cooke, A. M., M. D. Reprint from the American Medico-Surgical Bulletin, February 1, 1895.

Hospitals for the Insane—Their Scope and Design. By Edward F. Wells, M. D., Chicago. Reprinted from the Journal of the American Medical Association, January 12, 1895.

Rectal Reflexes: A Case in Point. By A. B. Cooke, A. M., M. D., Lecturer on Diseases of the Rectum, University of Nashville, Nashville, Tenn. Reprinted from Mathews' Medical Quarterly, July, 1895.

Pneumonic Fever—Its Mortality. With a Consideration of Some of the Elements of Diagnosis. By Edward F. Wells, M. D., of Chicago, Ill. Read before the Chicago Medical Society, December 7, 1891. Reprinted from the Journal of the American Medical Association, January 9, 1892.

Varicocle and its Treatment. By L. Bolton Bangs, M. D., Consulting Surgeon to St. Lukes, The City and Methodist Episcopal Hospitals, formerly Professor of Genito Urinary Surgery in the New York Post Graduate Hospital. Reprinted from the International Journal of Surgery, May, 1895.

Burns of the Cornea; Electric Light Explosion Causing Temporary Blindness; Traumatic Injuries to Eyes—Hypopyon. By L. Webster Fox, M. D., Professor of Ophthalmology in the Medico-Chirurgical College, Philadelphia, Pa. Clinical Lecture delivered at the Medico-Chirurgical College, March 9, 1895. Reprinted from The Medical Bulletin.

Evisceration of the Eyeball. By L. Webster Fox, M. D., Philadelphia. Abstract of a paper read before the American Medical Association Ophthalmic Section, held in Baltimore, May 7, 1895. Reprinted from the Medical Bulletin.

Hydrotherapy in Fevers, its Rationale and Technique. Read in the

Section on Practice of Medicine, at the Forty-sixth Annual Meeting of the American Medical Association, at Baltimore, Md., May 7-10, 1895. By Albert H. Burr, Ph.B., M. D., Physician to Provident Hospital, Chicago, Ill. Reprinted from the Journal of the American Medical Association, June 8, 1895.

Civil Service Reform in State Institutions—Reorganization of the Medical Staff. By Boerne Bettman, M. D., Professor of Ophthalmology and Clinical Otology in the College of Physicians and Surgeons; Professor of Ophthalmology in the Post-Graduate Medical School; President of the Illinois State Board of Charities, Chicago. Reprinted from the Journal of the American Medical Association, June 19, 1895.

The Medical Profession and the State. The Alumni Oration. By Hon. Mariott Brosius, Lancaster, Pa. Delivered in the Amphitheatre of the Medico Chirurgical College of Philadelphia, Thursday, May 9, 1895. Alumni Banquet of Medico-Chirurgical College of Philadelphia, at the Hotel Metropole, Thursday May 9, 1895. Reprinted from The Medical Bulletin.

Literary Notes.

LIPPINCOTT'S MAGAZINE FOR AUGUST, 1895.—The complete novel in the August issue of Lippincott's, "Little Lady Lee," by Mrs. H. Lovett Cameron, narrates the vicissitudes of a faithful heart which found its true mate after its owner, obeying the customs of English high life and match-making fathers, had lost her freedom.

"A Friend to the Devil," by Maurice Thompson, is an amusing story of Georgia superstitions. The "Applied Art" of which William T. Nichols treats was akin to that of the late M. Worth, of Paris, but it did not prevent the artist from winning his lady-love.

Prof. Charles D. Roberts relates "The Romance of an Ox-team" in the land of the Blue Noses. "Two Prayers," by Kathleen Gray Nelson, is a condensed and pointed tale of love and hate.

In "The Bicycling Era," John Gilmer Speed gives something of the history and much of the ethics of a mode of exercise in which he thoroughly believes—a belief shared by a large and steadily increasing number of Americans of both sexes and all conditions.

William Troxbridge Larned, an authority on western topics, points out "The Passing of the Cowpuncher." Dr. Charles C. Abbott describes a summer ramble "Up Pearson's Lane."

Annie Sterger Winston has a second brief paper on "The Pleasures of Bad Taste." Nellie B. McCune tells a good deal about "Caricature," and Will M. Clemens writes on "The Mystery of Sound."

The verse of the number is by Nellie Frances Milburn and Madison Cawein.

The August Atlantic Monthly contains several articles which are calculated to create widespread interest. One of the most striking contributions is by Jacob D. Cox on How Judge Hoar Ceased to be Attorney-General. Mr. Cox was a member of Grant's cabinet with Judge Hoar, and this paper is an important chapter in our recent political history. Percival Lowell, in his fourth paper on Mars, tries to answer the questions, Is Mars inhabited, and, if so, by what kind of people? The second of Mr. Peabody's papers is on French and English Churches.

A Poet's Yorkshire Haunts will delight every friend and reader of James Russell Lowell, as in it will be found descriptions of the regions the poet loved.

Among other features are The Political and Professional Life of a French Macon, by J. M. Ludlow; A Talk Over Autographs, Fourth Paper, by George Birkbeck Hill; President Polk's Diary, by James Schouler; The Wrongs of the Juryman, by Harvey N. Shepard; and The New Art Criticism, by Mary Logan.

Fiction is well represented by two installments of powerful serials, and a delightful anonymous sketch entitled A Woman's Luncheon.

Poems, exhaustive book reviews, Comments on New Books, and the Contributors' Club complete the issue.

Houghton, Mifflin & Co., Boston.

The weekly issues of Littell's Living Age are delightful companions at all seasons of the year. The reader can always depend on them to contain just the right thing to suit the present mood. There is so much variety—the range of subjects is so wide. The numbers for July are no exception to the rule, as will be seen from the following partial table of contents:

"Walter Savage Landor," by John Fyvie; "Italian Disunion," by Jos. Crooklands; "A Journey to Scotland in the Year 1435," by J. J. Jusserand; "The Home Life of the Verneys," by L. B. Lang; "Napoleon at St. Helena. A Reminiscence;" "International Law in the War Between Japan and China," by T. E. Holland; "England and France on the Niger. The Race for Borgu," by Captain F. D. Lugard; "The After-Careers of University-Educated Women," by Alice M. Gordon; "The Poetry of Keble," by Arthur Christopher Benson; "Advertising as a Trespass on the Public," by Richard Evans; "Concerning Duppies," by Alice Spinner; "Montaigne's Adopted Daughter," F. J. Hudleston; "Napoleon on Board H. M. S. Bellerophon;" "The Campaign of Flodden," by C. Stein; "The Attack on Tibet," by D. Gath Whitley; "Of Cabbages and Kings;" "Isandhlwana, Zululand, 1894," by E. A. Hirst; "Killed by the Baltic Canal," by Poultney Bigelow, besides several short stories by the best writers, and poetry.

The editor of the Review of Reviews, in his record of "The Progress of the World" for the July number, comments on many matters of national and international moment—the recent cabinet changes following Secretary Gresham's death, the peculiar prominence of Mr. Carlisle in the leadership of his party, the present status of the silver question in politics, the duty of the United States toward Spain and Cuba, the progress of American universities, Russia's relations with China and Japan, the prospects of Pacific cable construction, the opening of the Kiel Canal, the progress of amateur sports in England and elsewhere, the recent Italian elections, the fall of Count Kalnoky, anti-Semitism in Vienna, British politics, the future of Chitral, the Armenian question and various other timely topics. This department of the Review is illustrated by a score or more of portraits of the men and women of the day, together with maps and views.

P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, announce that they have in preparation for early issue an authorized translation by Dr. Albert B. Hale, of Chicago, of a Handbook of Diseases of the Eye, by Dr. A. Eagen Fick, of the University of Zurich. This is one of the most complete, thorough, and compact of text-books. Among its other merits it contains a number of very handsome colored illustrations, not of rare or unusual cases, but of practical matters that will greatly aid the student and be of much service to the practitioner. The retail price will be from \$3.00 to \$4.00.

"O, will he paint me the way I want,
As bonnie as a girlie,
Or will he paint me an ugly tyke,
And be d——d to Mr. Nerli.
But still and on and which ever it is,
He is a canty Kerlie.
The Lord protect the back and neck
Of honest Mr. Nerli."

This, one of the last verses ever written by Robert Louis Stevenson, is in reference to the portrait of himself, which is given to the public with his verse for the first time in the July *Cosmopolitan*. The lines might have come from the pen of Burns, and are inimitable in their way. The portrait was declared by Stevenson himself to be the best ever painted of him. In the same number of *The Cosmopolitan* Rudyard Kipling tells an Indian story, to which Remington adds charming illustrations; Mrs. Burton Harrison makes a serious study of New York society in "The Myth of the Four Hundred," and Kate Douglas Wiggin contributes a story of one of the most delightful of Welsh retreats. The *Cosmopolitan* was with this number reduced to ten cents per copy, and as a conse-

quence, notwithstanding its large edition, it was "out of print" on the third day of publication.

THE POPULAR SCIENCE MONTHLY FOR AUGUST, 1895.—Herbert Spencer opens the August Popular Science Monthly with the fourth of his papers on Professional Institutions, in which he shows that the functions of the orator, poet, actor, and dramatist are all developed from the acts of the primitive tribesman in welcoming his victoriously returning chief. Andrew D. White, writing on The Continued Growth of Scientific Interpretation, describes the battle by which reason conquered tradition in English theology. In an illustrated article on Art and Eyesight, Dr. Lucien Howe shows that artists by no means exempt from the irregularities of vision that other persons have, and hence that, to see their pictures as they see them, one must for the moment induce the same irregularity in his own eyes. In the series on the Development of American Industries since Columbus, John G. Morse describes the Apparatus for Extinguishing Fires, with many pictures of apparatus, ancient and modern. Prof. E. L. Richards sets forth the importance of The Physical Element in Education. Under the title The Motive for Scientific Research, an editorial in an earlier number is criticised by Hubert L. Clark. It is many years since the lyric Muse has been admitted to the Monthly, but in this number we have some lines by David Starr Jordan, addressed To Barbara, with a portrait of a charming little girl. It is all strictly scientific, however, for the verses relate to heredity. Garrett P. Serviss points out many celestial wonders in a trip From Lyra to Eridanus. Prof. John T. Stoddard gives a full account of Argon, the new constituent of the air. Dr. John Ferguson writes on The Nervous system and Education. Gustave Le Bon discusses The Work of Ideas in Human Evolution, showing their immense power in the form of tradition and their tremendous force when newly accepted. There is a Sketch with Portrait of Charles Upham Shepard, the mineralogist, who collected at Amherst College the finest cabinets in America. In the Editor's Table there is a reply to Mr. Clark's article, in this number, a tribute to Prof. Huxley, and some remarks on Mr. Spencer's declination of the honor offered to him by the Emperor of Germany.

New York: D. Appleton & Company. Fifty cents a number, \$5.00 a year.

Dr. John Irwin, who moved to our city a month or so ago, has formed a partnership with Dr. C. A. Misenheimer. This combination makes a strong firm, and one that will control a large practice.

Messrs. Helbing and Passmore, the great English Chemists, have pronounced Peacock's Bromides a preparation of chemically pure Bromides and far superior to the commercial salts.

Who Owns the Tooth?

We learn from one of our French exchanges that a very curious case has just been brought before the French Courts which turns upon the question of the ownership of a tooth that had recently been extracted. A person who had suffered for a long time with violent toothache consulted a dentist, who extracted the tooth. It evidently appeared to the operator to be an interesting specimen, as he evinced a desire to preserve it and place it in his collection of curiosities. To this the original owner of the interesting molar objected, and claimed it as his property; but as an amicable arrangement could not be established between them, the patient lodged a claim of fraudulent appropriation against the dentist. The patient demanded the tooth, and supported his claim by quoting ancient customs in similar cases. He maintained, and we think rightly, that the tooth was naturally the property of the person from whom it was extracted; but the dentist argued that it then became an article without an owner, and thus fell into the possession of the dentist. The question has not yet been decided.

Artificial Eyes.

In a paper on the above subject, contributed to *The Annales D'Oculistique* by Dr. Pansier, of Avignon, the author states:

The orbit should be daily cleansed with a solution of some simple antiseptic, such as boric acid, zinc sulph. or common salt.

Care must be exercised in selecting the artificial eye not to obtain one too large as it would be certain to cause disturbance in the stump, and cases are not wanting in which sympathetic inflammation in the sound eye has been set up by this cause.

On commencing the use of an artificial eye, it should not be worn more than a few hours at a time, gradually becoming accustomed to it. The eye should be removed each night at bedtime, thoroughly washed and then polished by rubbing it with a dry linen cloth.

Contrary to the practice of many, it should not be kept over night in water, but should be kept dry. This procedure will add to the life of the eye.

When the eye becomes roughened from long use it is unfit for further wearing and should be replaced by a new eye.

JEFFERSONTOWN, Ky., Jan. 23, 1888.

Sirs.—I used your Tasteless Quinine, and find it all that is claimed for it. Children take it without the slightest resistance; take it as readily as if it was simply syrup, and its effect is just as satisfactory as the Quinine itself. I will use it always for children, and sensitive stomachs of adults.

S. N. MARSHALL, M. D.

Treatment of Asiatic Cholera.

Read in the Section on Practice of Medicine, at the Forty-sixth Annual Meeting of the American Medical Association, at Baltimore, Md., May 7-10, 1895.

By ELMER LEE, A. M., M. D., PH. B., Chicago.

Spasmodic cholera—called also malignant, epidemic, Asiatic, Indian, blue and pestilential cholera—is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhœa; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhea; the discharges at first feculent, but soon presenting the appearance of rice-water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about the operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power and nervous agitation; cramps in the legs, arms, loins and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent desire for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days, and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes, rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features are sharp and contracted; the expression of the countenance wild and confused. The face, extremities, and often the whole surface of the body manifest a varying intensity of a leaden, bluish or purplish hue; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arm, axilla, temple or neck; there is great restlessness, incessant juctitation, severe pains in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at short intervals, or a constant tremor exists. The secretions of bile, saliva, tears and urine are entirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last.

Some of the symptoms may be disproportionately severe, or may be entirely absent. Those usually regarded as pathognomonic are: watery

dejections, blue appearance of the countenance or surface, thirst, coldness of the tongue, and pulselessness at the wrist.

The foregoing description of the symptoms of cholera is indicative of the nature of the disease calling for human aid. The time in which to treat the patient sick with cholera is exceedingly limited. What is to be done must be executed with rapidity. There is not a moment to lose between the time when the patient is first seen and the accomplishment of severely practical efforts. Many wise theories may be promulgated, but there are few practical measures that will avail against Asiatic cholera. The experiences during the cholera epidemic of 1892 in Europe, both in Russia and Germany, produced in me a profound conviction that, for the most part, remedial agencies that have been used are of questionable utility. Nearly every prominent remedy proposed and tried has been found to end in greater or less disappointment. Years ago, great reliance was placed upon the far-famed "mild chloride of mercury." Twenty and ten years ago this remedy was given in large doses. Three years ago, during the latest epidemic, small doses prevailed. Next to this, the synthetic drug salol, the product of the laboratory of the Imperial Institute of Experimental Medicine in St. Petersburg, was the most widely used and the most favorably received. Professor Nenski, the originator of salol, personally informed me that the value of the drug could not be seriously recommended as of much importance, but that it perhaps answered the requirements as far as any drug could answer, in the hands of his colleagues. Widely circulated and various reports, enthusiastically commending and moderately commending this remedy were received by the Professor at St. Petersburg, but he himself was silent as to its efficacy. The far-famed and seemingly unmatched drug, quinin, has been used, and has been held as a dazzling gem before the eyes of the profession by some of our best men, who believe that cholera is analogous to malarial disorders, and consequently the medicine which occupies the position of keystone in the arch, for malarial treatment, is a remedy suitable to contend with the rapid and desperate symptoms of Asiatic cholera. Quinin has a stout advocate in our own country, in the person of a well-known professor in one of the Ohio medical colleges. It was not used, to my knowledge, in the treatment of cholera during the last epidemic in Europe.

A remedy was brought to Hamburg during the latter part of the epidemic of 1892 by the representative of an English syndicate, who posed as a chemist, not a physician. His remedy was a preparation of iodine, to be administered through the mouth. He called the medicine a periodate, and made some experiments upon patients in one of the cholera hospitals in Hamburg. His remedy, however, was not favorably entertained by the medical authorities in charge of the cholera patients, and whatever claims were reported came through the interest of a friendly correspondent of one of the Hamburg weekly secular papers. To show how misleading

some of our supposedly authentic information often is, it is only necessary for me to refer to the report given in the "Year Book of Medical Progress," published in Philadelphia. Of all the progress made, of all the combined investigations during the entire epidemic of cholera throughout Europe in 1892, and there was an immense amount of original investigation and great effort made to discover a remedy, the curious spectacle in the Year Book, which alone refers to the remedies brought by an agent of a syndicate from London to Hamburg, at the closing of the epidemic of cholera, shows that there are some things in our profoundest medical publications that are to be taken *cum grano salis*. Uretin was extensively used hypodermically for its alleged influence upon the secretions of the kidneys, upon the ground that the kidneys were to be aided by irritating them to greater functional activity to eliminate morbid elements through the urine. The result of many investigations recorded in Russian practice show that this drug is not to be commended. Digitalis was used, supposedly to benefit the weak heart. This remedy, if at all useful, could be little more than palliative. The use of acidulated water was extensively employed in different hospitals in Europe as a drink, but not prescribed as a remedy. The water was acidulated with HCl and H₂SO₄. Subcutaneous injections of salt water were made. The proportion of salt was one-half of 1 per cent., and the amount of salt water injected subcutaneously was sometimes as much as a quart at a single injection. In one instance, during an illness of several days, as much as thirteen quarts was subcutaneously injected into the cellular tissue, principally that of the abdominal wall. This process of subcutaneous injection was known as hypodermaclysis. The purpose of the hypodermaclysis was to maintain the volume of the blood. The diminished volume of the blood is directly the result of the waste of its liquid portion or serum into the alimentary canal. In this serous discharge, flakes of intestinal mucous gave the name of "rice-water discharges" to the bowel evacuations, the particles having a resemblance to grains of rice. The general inflammatory state of the intestinal mucous membrane, throughout its entirety, drains the blood of its liquid portion rapidly, and collapse due to stagnation of circulation quickly ensues.

The remedies mentioned are only a portion of those tried, but there is no living advocate who to-day can point with unerring certainty to one single organic or inorganic substance, howsoever administered, that can be safely depended upon in the treatment of Asiatic cholera. Both botany and mineralogy have been searched in vain for a cure for this disease.

The cause of this disease is perhaps accurately stated to be due to invasion of the blood and, secondarily, of all the tissues of the living organism, by toxins or ptomaines, which originate in the upper portion of the small intestine at the early stages of cholera. These products of organic activity, whether of animal or vegetable organisms it is here

unnecessary to debate; but these noxious products enter the circulation through the villi of the intestine and rapidly and desperately poison the blood. It is clearly proved that the disease is the result of general blood poisoning from an intestinal organ. Whatever the chemic nature of the poison may ultimately be found to be, may be safely left to the bacteriologic laboratory. The practical and intensely important part that remains for physicians seeking to cure patients in times of this disease is to realize how much, as well as how little, it is within human power to do. The human organism is prostrated by a fierce and deadly poison. This poison is in the blood and the cells of the tissues, and its work of destruction is quickly and effectually accomplished. Reflectively, to say nothing of experimental research, it would seem to me that the rational and only course that could be advocated with scientific assurance of relief is to, as far as possible, literally cause to be removed these products which are death-dealing to the body in which they happen to be found. Now, in this same reflective mood, think for a moment and try with me to determine whether it is possible in such conditions as produce the symptoms of Asiatic cholera, it is safer to introduce other poisonous products to neutralize the noxious elements in the blood and cells, or whether it is a better process to, without the introduction of additional foreign substances, remove what we already find in the blood. To make this proposition clearer, it could be stated in another way, namely, the body is already bearing a crushing burden; shall we add other foreign substances as an additional burden to the load already carried? The principle seems to me to be at fault. The principle is the principle of allopathy, but in the light of facts is it a safe principle to follow? It is reasonably scientific to produce in the laboratory, definite results in vessels of glass by the use of fixed reagents; in the organic laboratory of the living body, no such definite results can be demonstrated. The vital principal is an entity which enters into the formula and may be represented by the unknown quantity x in algebraic equations. Great and laudable efforts have been made to prevent as well as to cure this disease by inoculation.

Ferran, of Valencia, Spain, thrilled the world ten years ago with his proposition of a universal cure for this disease. His glory was then at its zenith. His fame has long since faded. So obnoxious became his proposition to the government of Spain that laws were adopted to suppress Ferran's cholera inoculations.

A worthy colleague and laborious investigator, Professor Haffkin, of Pasteur Laboratory fame, proposed a modified inoculation for the prevention and cure of cholera in 1892. A reporter of the *New York Herald* was inoculated at the Pasteur Institute, and with credentials sent to expose himself to Asiatic cholera at Hamburg in September, 1892. The same reporter had been similarly inoculated by Ferran in 1886, and had

the courage to make further exploits in behalf of his newspaper, at Hamburg. A very widespread opinion prevails in America that the exploit of the New York *Herald* reporter during the ten days' stay as a nurse in the Hamburg hospital, constitutes a proof of the validity of Haffkin's claim, but the scientific world of Europe knows differently. *En passant*, it may be interesting to state at this place that further experiments have been made by Professor Haffkin in India with the cholera inoculations, and, unfortunately for the proposition, reports have recently come to me from reliable medical sources, that a greater percentage are attacked with cholera who have been previously inoculated than of those who have not been inoculated. This subject of prevention, however, is to be discussed by me in a paper to be read before the Section on State Medicine.

The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the cholera epidemic in Europe of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-pervading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with this pestilential disease of the human race, is nothing more and nothing less than the unmatched, unmatchable H_2O . Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it is assisted by H_2O , every morbid element may be eliminated out of its domain. The acutely poisoned body quickly recovers its equilibrium and its harmony of action as soon as the processes of elimination can remove the invading poison. In the construction of the mucous lining of all the accessible cavities and channels it is prepared by an undiscernible law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products, as well as organic forms of life, out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. That is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as from the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, is literally deluged away from the alimentary canal by the copious use of a remedy that can not be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little. From the earliest moment that the patient is seen, the propositions should be, first, wash the whole alimentary canal with pure

water; wash the lower portion by introducing irrigations of warm soap-suds or merely warm water into the colon sufficiently frequently and sufficient in quantity to cleanse that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time from one to ten quarts of warm pure water mildly medicated with peroxide of hydrogen or hydrozone should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient vomits, very well. Immediately re-introduce the quantity of water that was vomited. No harm can be done in any case, and if it is possible to save life it is possible to save it through this method. It is the quickest and surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.

The precise details of the method of treatment indicated at this time will be forthcoming in a subsequent paper.

100 State Street.

Dilatation of the Vagina by the Tampon "Columnisation".

Nogues (Med. News) states that Condamin has had excellent results in the treatment of pelvic inflammation by firm plugging of the vagina. Bozemann and Tahaferro first introduced this practice. It supports prolapsed or tender structures and remedies congestion by dialysis as the plugs are always saturated in glycerine. The plugs, each as big as a walnut, when pressed after soaking, are introduced through a large speculum in the usual manner and packed very firmly. The lower part must not be plugged otherwise dysuria or retention may occur. This "columnisation" of the vagina is not suitable for pyosalpinx and other severe diseases of the appendages. Condamin finds that on the other hand it is particularly suitable for posterior parametritis. It relieves the uterine congestion and promotes absorption of the parametric exudation. The patient can walk about and attend to duties after the "columnization" of the vagina. A free fluid discharge comes on about the second day. The plug may remain in place for several days. Of course the vagina must be rendered antiseptic before its application. The first plugs, which touch the cervix, should be dusted with iodoform.

Diphtheritic Conjunctivitis; Its Treatment with Antitoxin Serum.

Dr. V. Morax, (*Annales D'Oculistique*), defines Diphtheritic Conjunctivitis as a conjunctival affection of which the diphtheritic bacillus is the cause, and characterized by the presence on the conjunctiva of a false membrane. Contrary to all expectations, ocular diphtheria seems most frequently to be a benign affection, having a serious prognosis only by reason of the diphtheritic nasal or laryngo-pharyngeal complications that may result from it. Clinically, the disease is characterized by a pseudo-membraneous exudate covering the tarsal conjunctiva and seldom found on the eye ball. The exudate is sometimes intimately connected with the subjacent membrane so that it is separated from it with difficulty: at other times it simply forms a covering for the congested mucous membrane and is easily rubbed off.

The writer states that formerly the lesions in the first case would be considered diphtheritic, and in the second croupous; but we now know that the lesions of diphtheria have no specific character in themselves, that the same micro organism may produce lesions sensibly different according to the virulence of the microbe with which it is associated. Von Graefe, in his classic memoir, described all the forms of pseudo-membraneous conjunctivitis with the dominant idea of differentiating them from the purulent forms and of showing that nitrate of silver, so useful when the secretion is copious, is positively dangerous when the mucous membrane is dry and infiltrated, as it usually is in the disease under consideration. The experience of the author is in favor of applying the silver in the "mixed forms," those in which a pseudo-membrane is present and also a purulent, or muco-purulent discharge. In these cases it has been found to do good.

A precise diagnosis can only be obtained by a bacteriological examination, but, as this takes time, in suspicious cases, the author advises the prompt injection of 10 c.c. of antitoxin serum under the skin of the abdomen and the application to the swollen lids of a soothing lotion. If the false membrane extend to the pituitary membrane and the pharynx the injection should be increased to 20 c.c.

Several cases of undoubted diphtheritic conjunctivitis are reported with pretty full histories, in which the serum injections were made, resulting in rapid recovery. The false membrane, says the author, disappears more or less rapidly and leaves behind it healthy tissue. There is no period of suppuration or repair. The disease is cured at the onset. The conclusion drawn is: If the treatment is begun at the proper time it will not be 48 hours before the menacing symptoms will have disappeared, and the physician will be gratified by the rapid and complete recovery.

Advanced kidney disease is often first discovered by ophthalmoscopic examination.

Treatment of Cancer of the Breast.

Dr. Wright, of Brooklyn, N. Y., read a paper with the above title before the American Surgical Association, which was held in New York last month. The doctor's results have been very favorable. He says that tumors of the breast may be divided into three kinds: (1) those which may be cured by operation; (2) those in which an operation may give temporary relief; (3) those in which an operation is impossible and inadvisable. The cardinal precept is, the earlier an operation, other things being equal, the more certain will be the prospect of a cure. The minimum of time should be taken, and the tumor, as well as its infected environment, must be removed. In the case of an incipient tumor of the breast, the entire breast must be removed. Disaster follows the neglect of this rule.

From fifteen to forty-five minutes is taken for the operation. A continuous incision is made around the tumor, including, if possible, all the infected tissue. Then the growth is rapidly excised, the hands of assistants following the knife to repress and control hemorrhage. Pressure-forceps are freely used on all the larger bleeding vessels. If any adjacent or subjacent portions of infected tissue remain, they are quickly cut out. In all cases the submammary fascia is removed, and the sheath of the great pectoral muscle is dissected off in front. A sterilized towel is pressed upon the wounded surface to control the oozing. The contents of the axilla are excised. The incision extends from the angle of the breast wound, so as not to expose the growth in the axilla. A pair of long-jawed pressure-forceps is pushed along the surface of the axillary growth, so as to grasp the non-infected tissue. With a knife or a pair of scissors, carried along the jaws of the forceps, the tumor is quickly cut away, leaving the forceps in place to prevent hemorrhage. This process is repeated, using as many long-jawed forceps as required, until the entire growth is cut out. The pressure-forceps are now removed from the breast wound, which is again disinfected. As a rule no ligatures are needed, the sutures, made of silk, acting as such, when applied as follows: Long curved needles are passed through the flaps, and under the entire base of the wound, and are then tied so as to bring the entire surface of the wound together. These are called deep sutures.

The treatment has consisted, for the most part, in the persistent use of bromide of arsenic. In some cases this remedy has been given for two or three years, with occasional intermissions. The dose has been one-fortieth of a grain to one-tenth of a grain, beginning with a smaller dose and increasing it. In some instances the solution of the bromide of gold and arsenic, in doses of from five to fifteen drops after meals, has been employed. These remedies are given on the theory that they are antagonistic to the infection of the disease under consideration. The carbonate

of lime has been given to some extent, as an adjuvant to the other remedies, but it is of inferior value compared with arsenic and gold.

Some of the Diagnostic Nervous Manifestations of Syphilis.

This was the subject of a very interesting paper, read by Dr. J. Allison Hodges, at a recent meeting of the Richmond Academy of Medicine and Surgery. The following is a part of the paper:

The nervous symptoms are more manifest in proportion to the absence of cutaneous symptoms. All the nervous symptoms are not always dependent on syphilis. A number of nervous diseases have their origin in this malady. In diagnosing the disease, the medication method is unreliable, some other affections being improved by it. The nervous symptoms may be developed in each stage of the disease, but it is in the tertiary stage principally, that the gravest lesions of the nervous system appear, and, since it is especially in those cases where the ordinary secondary manifestations were wanting that we are to expect these complications, it is important for physicians in making such a diagnosis to be prepared to recognize the first danger signals that may be manifested. The primary stage has no prominent nervous symptoms, those present being referable rather to the concomitant anemia than to the action of the specific poison. The secondary stage presents more marked evidences of implication of the nervous system—various neuralgias, dyspepsia of nervous origin, cardiac palpitations, and meningitis, cerebral or spinal, being characteristically present. The tertiary stage gives evidences of numberless shades and varieties of nervous affection, and in this period of the disease the nervous symptoms manifested are due solely to the influence of the specific poison circulating in the blood and irritating the delicate nervous structures.

The symptoms produced may be those due to an inflammation or degeneration of the nerve centres themselves, or to the effects produced by pressure upon the nerve centres or trunks by product of this same form of inflammation located in contiguous structures—the symptoms all showing lesions either of the intracranial organs or of the spinal cord, less frequently of the spinal nerves.

The diagnostic symptoms detailed are also diagnostic of other diseases. It is by association that we determine the disease, as locality, etc. There are periodic occipital headaches in nearly every case, absent in the forenoon, returning most frequently at night and becoming worse. I have never found any tenderness on pressure. The diagnostic nervous manifestations of syphilis are:

1. Headache, which disappears if paralysis occurs.
2. Insomnia, nearly always associated with headache and disappear-

ing with the appearance of convulsions or paralysis. It differs from the insomnia of neurasthenia and melancholia in that it occurs in the early night, the victim arising in the morning ready for his daily labor.

3. Vertigo, occurring usually with the headache. It may be transient, but becomes worse as the disease progresses.

4. Convulsions. In the adult they are not preceded by convulsions as in youth.

5. Tremor, present in one-half of cases. It occurs most often, in the order named, in the hands, tongue, and over the whole body, and is accompanied by headache. If it occurs in a limb, it is the precursor of paralysis of the limb.

6. Hemiplegia.

7. Erratic distribution of paralysis, as aphasia with or without hemiplegia; ptosis; insanity or epilepsy with paralysis of one arm or leg. It is suggested that ptosis occurring suddenly points nearly always to syphilis.

8. The use of electricity to determine central or peripheral lesion.

9. The presence of great physical weakness and mental dullness. This is one of the most valuable of the nervous manifestations, being out of proportion to the seeming condition of the patient.

10. History of the case. In women the history of many abortions in succession would point to syphilis.

In the treatment of syphilis the iodide should be given in sufficiently potential doses in Carlsbad or other waters. The cases I report show how easy it is to overlook the disease in the tertiary stage, when the first and second were not noticeable. In conclusion let me say that we could often abort syphilis by studying the nervous system and giving treatment in time.

Bromidia.

The steadily increasing use of Bromidia by the profession in all parts of the world demonstrates its great value as a hypnotic. If human testimony is worth anything at all, then Bromidia must unquestionably be the best and safest of all sleep producers. Dr. Federico Tommasi, of Magranico, Italy, on July 24, 1893, writes: "Although as a rule I do not approve of specialties, still when I find an ideal one, both as regards therapeutic combination and pharmaceutical preparation, easily administered, prompt and certain in action, I value it. Bromidia fulfils all these conditions. I have obtained especially gratifying results by its use in two cases—one, heart disease, the other, acute lumbago. In both cases it promptly relieved the pain, produced tranquil sleep, with no disagreeable after-effects."—*Memphis Medical Monthly*, June, 1895.

A Jack-Stone in the Œsophagus Necessitating Tracheotomy to Relieve Dyspnœa.

Dr. William J. Taylor (Transactions of the Philadelphia Academy of Surgery) relates the history of a little colored boy, aged three years, who was admitted to St. Agnes's Hospital on April 3, 1894, with the history that he was playing with some iron jack-stones, when he suddenly began to cough and to struggle for breath. When first seen by the reporter, about two hours after the accident, there was such extreme respiratory distress that prompt relief was necessary. A careful search was made of the mouth and fauces with the finger, but without revealing the presence of a foreign body, and, as the dyspnœa was too great to permit of a prolonged examination, he opened the trachea without giving an anæsthetic. As soon as this was done the relief was instantaneous. Nothing could be found in the trachea or bronchial tubes, and a silk catheter could be passed into the mouth from below.

A catheter was passed down the œsophagus nearly to the stomach, and also a pair of long-curved forceps, but without meeting with any obstruction or evidence of a foreign body.

A small silver tube was introduced into the wound in the trachea, and the child put to bed in a room specially prepared for him.

At first the child was able to swallow fluids in small quantities with comparative ease. Then another and even more careful search of the gullet was made. Upon pushing the finger far down the throat he was just able to feel a smooth hard body, which proved to be the rounded point of an iron jack stone. By external palpitation of the neck nothing could be felt that would lead to the supposition that a foreign body was present. After some little difficulty the jack-stone was grasped in the jaws of a pair of curved forceps and removed. The care necessary to do this, on account of the large size and irregular shape of the jack, made it a tedious process. The utmost gentleness was exercised in these manipulations, but the mucous membrane was somewhat torn, for quite an amount of bloody mucus was brought up.

The child died on the fifth day from exhaustion. No post mortem examination was permitted.

At the time of his first examination, just prior to the tracheotomy, he could not feel the jack with his finger passed well down the gullet, neither could he feel an obstruction to the passage of the forceps nor to the catheter, which he thought had passed into the stomach. Both must have passed below the point at which the jack was subsequently found.

The interference to the respiration was due entirely to the jack-stone within the œsophagus which pressed upon the trachea without the trachea itself.

Etiology of Rickets.

Hagenbach-Burckhardt (*British Medical Journal*) discusses the etiology with special reference to rickets being an infective process. Theories attributing the disease to deficiency of lime salts, to lactic acid, are no longer tenable. Kassowitz, under certain circumstances, is disposed to admit various micro-organisms as the cause of rickets. Poisons due to micro-organisms can readily be supposed to set up the lesions found in the disease. The temperate zone is the one in which rickets abounds. The cases of rickets increase at the beginning of the cold season, when children are kept in the house. The greater the altitude, the less frequent is rickets. The infective theory would explain the prevalence of the disease in vitiated, and its infrequency in pure, atmospheres. Both rickets and tuberculosis are most developed in large towns and in notoriously unhealthy streets. Enfeeblement of the individual by acute or chronic disease predisposes to both diseases. Measles also predisposes to both. In early age chronic infective processes are frequently localized in the bones. There is nothing in the clinical picture of rickets against the view of its being an infective disease. Acute rickets is known. The spleen is frequently enlarged. The objections to the view are that no micro-organism has been found, and that similar changes in bone may be produced experimentally in animals by withholding lime salts. The author thinks that the disease set up in this way is not identical with rickets, nor does he think that fetal rickets has been shown to be identical with the ordinary disease. He would look upon defective feeding, vitiated atmospheres, acute and chronic infective diseases, as predisposing causes only.

Treatment of Acute Phthisis.

Dr. Reid, of Cobden, Victoria, believes that "it is theoretically and scientifically correct to try the effect of a continuous and persistent antipyretic and bacillicide form of treatment, based on the idea of both lowering the activity and consequent virulence of the bacilli by reducing and keeping reduced the all-necessary surrounding temperature, and at the same time exposing them, when thus weakened and attenuated, to the destructive power of some trustworthy bacillicide." Antifebrin is recommended as the antipyretic, the temperature never being allowed to go above 101° F. The application of a spirit lotion to some absorbent material placed on the chest is also recommended. Inhalation of undiluted creosote, alternating with the administration of the drug by the stomach in gradually increasing doses, is the germicide.

The history of one case in which this mode of treatment was tried is given in detail, and shows a great amelioration in the condition of the patient, the tubercle bacilli having entirely disappeared from the sputum with a cessation of all the physical signs of phthisis.

Complications of Malaria.

At the recent meeting of the American Medical Association J. M. Anders, of Philadelphia, read a paper entitled "A Statistical Study of the Complications of Malaria." He analysed 1,780 cases with reference to their complications, which were noted in 189 instances, or 10.7 per cent. The cases were classified into: intermittent fever, 1,434; remittent, 74; malarial cachexia, 27; chronic malarial and irregular type, 22; unclassified, 222. All instances in which an element of doubt existed were eliminated. The complications of malaria, while as frequent as those of some of the other acute infective diseases, were somewhat peculiar in character, and on the whole not grave in nature, as was illustrated by a list of the complications of most frequent occurrence, prominent among which were heart disease, enteritis, neuralgia, albuminuria, pleurisy, rheumatism, pulmonary tuberculosis, typhoid fever, etc. The author agreed with the opinion that malaria promotes the development of pulmonary tuberculosis. Pleurisy was more frequently due to secondary infection, as was to be regarded as a genuine complication. Rheumatism was a not uncommon concomitant of malarial toxæmia. Among the 1,780 cases of malaria analysed, there were only 5 of lobar pneumonia and 1 of catarrhal pneumonia. There was a class of cases in which both malaria and typhoid fever were met with in the same individual simultaneously. The relationship, however, could not be close, nor was the compound affection due to a third extraneous "compound agent," but to the effects of two pathogenic organisms in one body at the same time. A careful blood examination in cases of suspected typho-malarial fever would show many to be instances of pure typhoid fever, chills and sweats and intermittent temperature curve being sometimes observed in typhoid. When the temperature curve was of the intermittent type from the commencement, the course of the affection was usually unfavorable.

Use Only the Genuine Succus Alterans.

Frank McDonald, M. D., College Physicians and Surgeons, Baltimore, Md., 1883, Supreme Medical Director W. S. of I. O. U. A., Medical Examiner Equitable Life of N. Y., Secretary Pittsburg Obstetrical Society, etc., says:

"Your Succus Alterans gives me perfect results. I prescribe it almost daily, and have never failed to obtain the effect sought. I regard it a specific for syphilis in all stages. Imitations which I have been induced to try occasionally have always failed. Such failures have only served to confirm my confidence in the genuine Succus Alterans. I can pay no greater tribute to an article so worthy and so meritorious than to say it is the very best and safest alterative known to the profession."

Glucose and Diabetes.

To the well-read physician the glucose and diabetes question has been almost ludicrous. That the administration of glucose could cause diabetes seemed ridiculous in the knowledge of the fact that all starch must be changed into glucose before it can be absorbed. When we realize how vast an amount of starch is taken with our diet, it is apparent that if glucose caused diabetes we would be a race of diabetics; while the vegetarian would receive a fatal wound to his pet theory. But now Dr. J. H. Kellogg, of the Battle Creek Sanitarium, after having made the examination of the stomach contents in 4,875 cases, finds that starch is digested in the stomach, notwithstanding the old belief that such was not the case. In 66% of these cases the starch conversion was complete; while in only 87 cases was there little or no conversion, or only 1.8 per cent. of the entire number. Therefore, nature does not appear to be afraid that glucose will cause diabetes, for she even manufactures it directly in the stomach from which it is probably absorbed. Dr. Kellogg has done a service to science much greater than he thought, for he has put at rest a most foolish notion. As nature normally digests a large part of her starchy foods in the stomach, and as proteid ferments and hydrochloric acid are secreted by the stomach to digest the albuminous foods, it was indeed a happy combination when the Pre-digested Food Company, of New York, combined these in their preparation called Pas kola, for this product is pre-digested starch together with hydrochloric acid and proteid-digesting ferments. It will relieve the stomach of an immense amount of work and supply a food already prepared for absorption.

A New Method of Examining the Rectum and Sigmoid Flexur.

The plan that is in vogue at the clinics of Dr. Kelly, of Baltimore:—The instruments are, first, a sphincterscope four centimetres long; second, a proctoscope fifteen centimetres long; third, a proctoscope twenty centimetres long; fourth, a sigmoidoscope thirty-five centimetres long. These instruments are provided with obturators to facilitate their introduction into the bowel. A blunt cone is used to dilate the sphincter for the introduction of the larger specula; applicators of copper wire, a sponge-holder, and a small, long-handled scoop for removing fecal matter complete the outfit. The patient is placed in the knee-breast posture; the speculum, with obturator in place, is inserted with a slight, boring, rotary motion; the obturator is withdrawn, and the wall of the bowel can be readily examined as it collapses about the end of the speculum as the instrument is withdrawn. Applications can be made at any point. An anæsthetic is not necessary. The bowels and bladder should be empty before the examination is made.

"The Treatment of Hemicranie."

The hot summer months bring in their train a legion of neuroses, especially in the female sex, with its more susceptible nervous system. The debilitating effects of the heat upon those who are forced to toil hard for their livelihood in our large cities during the summer, the unfavorable hygienic surroundings under which many live, the restless nights passed in ill-ventilated apartments, errors in diet, these and many other conditions are concerned in the causation of the host of nervous disorders met with at this time of the year. The existence of a neuropathic constitution, of course, is an essential factor in the etiology. One of the neuroses for which the physician is frequently called upon to prescribe is hemicrania, termed migraine by French writers, and known in common language as sick-headache.

This affection occurs in paroxysms at irregular intervals, and the attacks are usually ushered in by chilliness, nausea and muscular soreness. The pain is unilateral and most frequently experienced on the left side of the face, especially over the eye. If not present from the commencement, nausea and vomiting are developed later during the attack. Other nervous phenomena such as sensitiveness to light and noises in the ears also exist. In many instances the paroxysms are brought on by dietetic errors; regulation of diet is one of the most important indications in treatment. The use of tonics and chalybeates, if there be anaemia, may also be required.

For the relief of the pain the collected testimony of numerous physicians shows phenacetine is at once the most efficient and reliable, the promptest and safest analgesic and sedative. It not only relieves the pain, but allays the nervous irritability, and frequently its administration is followed by a calm restful sleep. But phenacetine has another claim to consideration in the treatment of migraine—by reason of its antiseptic properties it arrests fermentative processes in the gastro-intestinal tract, which are rarely concerned in the causation of the attacks. It is sometimes of advantage to combine phenacetine with caffeine, or in cases of a gouty or rheumatic character to give it in combination with salophen, both of these remedies having pronounced anti-neuralgic properties.

At a recent meeting of the Missouri State Medical Association Dr. C. C. Morris, of St. Louis, read a paper entitled: "When is Removal of the Uterine Appendages Justifiable?" He said there are two classes of doctors—one takes one extreme in answer to this question and another the other extreme; one says all ovaries should be removed for pain—the other that they should never be excised except for pus tubes. His experience has demonstrated that some cases would have been better off if not operated on. He related the history of two cases to illustrate the

difference in results. The first case was a woman of 38, the mother of five children, pale, anaemic, an invalid for 14 years—since the birth of her last child. She suffered much pain and was subject to menorrhagia of extreme degree, so much as to nearly die of acute anaemia at times. The most careful examination failed to show an uterine disease or marked tubal or ovarian trouble. Abdominal section was made, and the tubes and ovaries removed to check the menstrual flow alone; the ovaries were only slightly cystic. She made a slow recovery, but improved gradually after the second week, and for some months has been in perfect health, having gained 40 pounds in weight. The second case was an unmarried lady of 32, who first menstruated at 14, suffering from dysmenorrhœa for 3 to 5 days at each period. Ten years ago she became neurasthenic and was subjected to all kinds of treatment, but received no benefit from either gynaecologist or neurologist. As the nervous symptoms were prominent only at the menstrual period, and there was much pain and tenderness in the ovarian organ, Battey's operation was performed. The ovaries were abnormally small and cirrhotic. She made a speedy and satisfactory recovery from the operation, but now after more than six months she is more nervous than before the operation and has more pain in the ovarian region than ever before. He thought the chief and all-important point in such cases is to make a correct diagnosis and operate only when the presence of some gross lesion promises good results from removal. In some cases heretofore deemed possible to cure only by operation non-operative treatment has proven perfectly satisfactory. Notably was this true of a case of hydrosalpinx recently under his care. Catheterization of the Fallopian tube removed the dropsical effusion and cured the patient—evidently a much better treatment than the mutilating operation of extirpation. Another conservative measure to be applauded is vissection of a diseased ovary, leaving the healthy portion of the organ so as to permit continuance of ovulation and menstruation, thus not totally unsexing the woman.

The Influence of Syphilis on Locomotor Ataxy.

Cardarelli (British Medical Journal) thinks that possibly a third of the cases of locomotor ataxy may be of syphilitic origin. Ataxia coming on twenty or thirty years after primary syphilis, and not preceded by any decided syphilitic manifestation during this time, is probably not syphilitic. So-called syphilitic ataxia has no definite characteristic of its own, such as belong to cerebral syphilis. Antisyphilitic treatment as a rule does more harm than good in tabes, and in any case in which this form of treatment did no good in fifteen to twenty days, the author thinks it useless to persevere with it. On the whole Cardarelli thinks that the importance of syphilis as a cause of tabes has been greatly exaggerated.

St. Luke's Hospital, New York City.

This institution is to receive a legacy of about \$200,000 by the will of the late Rufus Waterhouse, manufacturer of men's furnishing goods. This is in the interest of consumptive sewing women or consumptives dependent upon sewing women. Mr. Waterhouse's wife, whose name the ward will bear, died of the disease, and he saw many of the young women he employed in his business stricken with it, and unable to support themselves. He died a widower and childless, and save for four legacies of \$1,000 each to his brother Samuel, his sisters, Mary E. Dognio and Eliza Hatch and Nancy S. Waterhouse, the widow of a deceased brother, left all his estate to St. Luke's Hospital for the ward. Four trust funds of \$10,000 each, in favor of those named were also created, they to receive the incomes, and the principals to revert to the hospital at their deaths. The beginning of the end of the present St. Luke's Hospital, at Fifth Avenue and Fifty-fourth Street, was inaugurated June 20, when the authorities of the time-honored institution declined to receive private patients, in order to adapt themselves to the restricted accommodations which will obtain until the hospital takes possession of its new home on Morningside Heights in the fall. The capacity of the old institution will be reduced from 225 beds to about half that number. These will be contained in the east half of the institution, until the time comes for a removal to the new site.

Relations Between Diphtheria and Tuberculosis.

Revillod (British Medical Journal) points out certain analogies between these two diseases, and chiefly draws attention to the fact that the families in which diphtheria find a favourable soil are also predisposed to tuberculosis; in other words, that there exists a family temperament or disposition favourable to the reception of both these maladies. The author cites 21 families in which diphtheria had attacked one or more members at sufficiently long intervals to avoid suspicion of contagion, in illustration of the fact that diphtheria is prone to attack certain families in undue proportions. As a corollary, the author doubts the contagiousness of diphtheria, or at least believes it to be exaggerated as a cause. Diphtheria and tuberculosis coexist with special frequency in the same family. Hagenbach found *post mortem* that 10 per cent. of the diphtheritics were tuberculosis, Hoppe-Seyler 23 per cent. In the author's 21 families, 5 had already shown tuberculous manifestations. Adding other cases in which diphtheria and tuberculosis occurred in the same subject, the author finds that out of 200 cases of diphtheria admitted into hospital, there were 42 in which there was evidence of tuberculosis either in the patients themselves or in their families, which gives a percentage of 21.

Cytisin Poisoning.

Saake (*British Medical Journal*) describes three cases of poisoning by the fruit of *cytissus laburnum* occurring in children aged 4, 4 and 3 years respectively. The symptoms somewhat resembled cholera, but there were general clonic convulsions, and the temperature was raised. There was also some likeness to strychnine poisoning. The green masses in the vomit and stools suggested poisoning by cytissus. In the one fatal case the mucous membrane of the alimentary canal was mostly pale. In the stomach there were a few ecchymoses, and in the sigmoid flexure there was some redness with desquamation of epithelium. The brain was much congested. Changes were also present in the kidneys, consisting of minute hemorrhages beneath the capsule and necrosis of the renal cells in the convoluted tubes. The nuclei of the liver cells also stained badly. No certain cytisin reaction was obtained in a chemical examination of the organs, but cytisin was found in the stools. The contrast between the anæmic condition of the mucous membrane of the alimentary canal and the engorgement of the brain and meninges was striking. The symptoms consisted in a very acute diarrhœa, with desquamation of the epithelium of the lower colon and rectum, a rise of temperature, and clonic convulsions involving the majority of the voluntary muscles. In one case the diarrhœa continued for 12 days, with abdominal distension. In all three cases there was a greatly diminished excretion of urine up to anuria. Prostration is common to all severe diarrhœas. The treatment generally consisted in an emetic and castor oil at the outset, and small doses of opium later; in the case in which the diarrhœa persisted for several days large rectal injections were used.

The Serum Treatment of Diphtheria.

Leichtenstern and Wendelstadt (*Hospital Gazette*) report their experience based on 123 cases, and contrast their results with those obtained in 1,353 cases before the serum period. For the purpose of comparison they divide these 1,353 cases into 11 groups containing 123 cases each. The cases of diphtheria admitted into the Cologne Hospital show very little variation in severity; in about 32 per cent. of the cases the larynx is involved. The diagnosis of diphtheria rests as hitherto upon clinical evidence. The authors maintain that they have seen improvement in the general and local condition of the patient as frequently before as since the introduction of the serum treatment. They cannot say with Kossel that every recent case of true pharyngeal diphtheria can be cured by the antitoxin used in sufficient amount, but they think their results would have been even better if it had been possible to treat the cases earlier. The mortality among the 1,353 cases amounts to 30.9, whereas in the 123 treated with the serum it was 20.3 per cent. The authors point out that

the lessened mortality was not due to slighter cases coming under treatment. The number of tracheotomies amounted to 30 per cent. in the serum period as against an average of 32 per cent. perviously. Contrary to other observers, they found that the mortality among the non-tracheotomised was not materially lessened. The mortality among the tracheotomised, however, fell from 64 to 43 per cent. This they would attribute to the arrest of the extension of the membrane into the bronchi. The effect of the local curative action is seen in the diminished number of the tracheotomised and in the lessened mortality after tracheotomy. Their experience shows that the serum is really entirely harmless. The authors also state that during the past fifteen years they have tried the various methods of treatment from time to time advocated, but that before the introduction of the serum very little change was noted in the mortality.

Extirpation of the Suprarenal Capsule.

Lo Re has published a preliminary note on his experiments with regard to the removal of the suprarenals in dogs. The left suprarenal was removed from a healthy dog on March 4th; the wound healed by first intention, and the animal seemed none the worse. On March 21st the right suprarenal was extirpated; suppuration occurred in and about the wound, and finally gangrene of the ascending colon set in; laparotomy was performed twice, and the dog died fifty-three days after the removal of the left capsule. The right suprarenal showed no signs of compensatory hypertrophy. No trace of suprarenal tissue on either side was found at the *post mortem* examination, and during life the animal had shown no signs of pigmentation of the mucous membranes or any disturbance of the nervous system. Moreover, this and other similar experiments show that dogs may live after removal of both suprarenals.

Dr. John Roberts, Pound P. O., Va.—Some time ago I prescribed your Maltopepsine in an old chronic case of Atonic Dyspepsia of years standing. I tried the usual remedies, including the various preparations of pepsin, but without avail, and the patient was so far discouraged that I had some difficulty in getting him to try anything further. I finally persuaded him to give your Maltopepsine a fair trial and report to me at the end of a month. I did not see anything of him for two months, but when I did he said: "Well, you have conquered at last." In answer to my inquiries he said that he had a splendid appetite, perfect digestion, no more misery in his stomach and bowels, food does not sour, and his weight and health is better than it has been for years. I shall most assuredly continue its use in my practice and recommend it to my brother physicians.

A Martyr to Science.

Dr. James W. Byron, who became well known as a bacteriologist through valuable service which he performed as a member of the quarantine staff, died in the New York Hospital on May 9th from tuberculous phthisis, aged thirty-four. He had been ill with the disease for more than a year, and his case was remarkable because he contracted the disease while he was studying the tuberculosis bacilli in the Loomis Laboratory. He was the first to make the discovery that he had contracted the disease. He was in vigorous health at the time he began his studies, and weighed 165 pounds. It was Dr. Byron's custom to receive samples of the sputum of persons who were suspected of having incipient phthisis and to examine them under a powerful microscope in order to detect, if possible, the presence of the bacilli. Dr. Byron said months ago, when he knew that he had contracted the disease, that he must have become careless after some of his examinations and allowed the samples of sputum to become dry. In that way he had inhaled the bacilli of tuberculosis without at the time being aware of the fact. Early last year Dr. Byron began to have a hacking cough, and his suspicions were aroused. He examined his own sputum and made the discovery that he was suffering from tuberculous phthisis. He made repeated examinations and each time discovered the bacilli. He did not appear to be greatly alarmed by the discovery which he had made, but he told his friends of his condition and made no secret of the manner in which he had contracted the disease. He was advised to seek a warmer climate, and he went to Southern Italy in the hope of regaining his health. He remained abroad all the summer but he returned to the city in fall much worse than when he went away. He had wasted almost to a skeleton, and he was so weak that he could with difficulty walk about the city. His cough was incessant and his nights were restless. Dr. Byron was attacked with dangerous hemorrhage of the lungs on May 8th, and he thought his death might occur immediately. He was removed in an ambulance to the New York Hospital, where his condition seemed to improve slightly. Another and fatal hemorrhage occurred the next day. A citizen has contributed \$500 towards a memorial to this "martyr to science."

A Note on the Etiology of Appendicitis.

Amongst the numerous causes which have been given as directly or indirectly leading to inflammation of the vermiform appendix no decided question of heredity has arisen. Yet if the large amount of lymphoid tissue to become inflamed, heredity may play a not unimportant part in appendicitis. There is, moreover, much truth in the idea which regards persons liable to sore throat, and over-growth of lymphoid tissue there, as liable to appendicular mischief, and tendencies to throat affections of this nature are certainly hereditary.

The Late Professor Huxley.

The death of Professor Huxley deprives biological science of one of the most remarkably gifted minds which has been devoted to its study, not only in this generation, but at any time in its history. Huxley was in his time an ardent and successful student of minutiae, but it is not for his achievements as an observer, admirable as those were that he will be remembered. To quote the words of Haeckel, "More important than any of the individual discoveries contained in Huxley's numerous minor and greater researches on the most widely different animals, are the profound and truly philosophical conceptions which have guided him in his inquiries, and have enabled him always to distinguish the essential from the non-essential, and to value special empirical facts as a means chiefly of reaching general conceptions." It was as an expositor that Huxley exercised the greatest influence on his generation. Possessed of a singularly clear and logical intellect, and of a fearless rectitude of character which made him shrink only at the threshold of the unknowable, he was endowed also with the rare faculty of expressing his conclusions, and the argument upon which they were founded, in a perspicuous style which never left the reader for a moment in doubt of his meaning. Huxley had a larger share than any other man in driving the thesis of evolution into the very fibre of the mind not only of biologists of this generation, but into the popular intelligence, thereby influencing not only the development of biology, but the whole trend of scientific and even of political thought. It is hazardous to prophesy the duration of reputations nowadays, but there is no risk of the future falsifying the belief that the influence which Huxley has had on this generation will not die with it, but will continue to affect the course of scientific thought for many generations to come.

The Will of a Salem Physician.

The will of the late Dr. William Mack, filed for probate at Salem, Mass., contains the following bequests: American Unitarian Association, \$35,000, to be added to an equal sum given by his sister, Elizabeth, and considered as the legacy of Harriet O. Mack; Massachusetts Medical Benevolent Society, \$1,000, and to the city of Salem Lodge Hill, in North Salem, for park purposes. The residue of the estate is left in trust, the income, after payment of a few private bequests, to be divided between the Essex Institute and the Salem Fraternity. Upon the death of the persons receiving annuities, \$10,000 of this residue is to be paid to the Salem Fraternity for the establishment of coffee rooms, the balance to be divided equally between the Salem Fraternity and the Essex Institute. Dr. Mack was a graduate of Harvard Medical School in the year 1833.

Treatment of Tuberculosis.

In a communication by Dr. Hoelscher, on the treatment of tuberculosis by Guaiacol Carbonate (Berlin. Klin. Wochenschr., 1894, No. 49), the author speaks as follows:

Nearly three years have elapsed since I published my first communication on the treatment of phthisis with the Carbonate of Guaiacol. The favorable results obtained up to that time in 60 phthisical cases have been confirmed by over 100 similar ones seen since that time. Nor has confirmation and recognition been wanting from other physicians, both here and abroad. Quite recently Dr. Chaumier, of Tours, called the attention of the Academy of Paris to the remedy, reporting amongst others the remarkable case of a young girl. Thus a greatly extended experience renders it expedient to consider the Guaiacol Carbonate treatment anew.

Guaiacol Carbonate is a perfected guaiacol or creosote. As is well-known, the chief effective component of creosote is the guaiacol. And we have all experienced the disadvantages that seem inherent in even the best guaiacol and the best creosote. These are:

1. They are not chemically pure substances, but mixtures; they cannot be exactly controlled, and we are compelled to rely on the reputation of the manufacturer for their purity. There is not the slightest doubt that many of the ill effects of creosote are due to the use of bad preparations.
2. Owing to their repulsive odor, their intense and burning taste, and probably also on account of poisonous by products, beechwood creosote and guaiacol often cause intense irritation, distress, nausea, and even vomiting.
3. Guaiacol and creosote are caustics, and inflame the mucosa that they come in contact with, like carbolic acid. Sensitive patients, and especially those with intestinal tuberculosis, cannot take them at all.

But we possess in Guaiacol Carbonate a creosote preparation that is free from all these defects. It contains 91 per cent. of the purest guaiacol, combined with carbonic acid. It is a chemically pure, solid body, and crystalline. It is entirely free from smell or taste; and it is not only non-caustic, but it is quite indifferent in its reaction to the mucous membranes. Guaiacol Carbonate is, therefore, entirely free from the poisonous by effects that interfere with the therapeutic action of guaiacol and creosote. Enormous doses, up to 90 grains, daily, are well borne, and are never vomited. Even the most sensitive patients take the odorless and tasteless Guaiacol Carbonate without any complaint.

The digestive organs stand the carbonic acid compound very well indeed; there are never any signs of irritation therefrom.

The stomach is not affected at all. Only so long as an accumulation of bacteria exists and fermentation and decomposition take place there

does a small separation of guaiacol occur, which speedily remedies the morbid condition.

Decomposition and absorption of the Guaiacol Carbonate takes place throughout the entire length of the small intestine. The process is a slow one. But the excretion of the Guaiacol after it has reached the circulation is a rapid process. Frequently the urine shows the characteristic guaiacol reaction already half an hour after the ingestion of the drug; and the process continues for hours. The amount of guaiacol in the blood at any one time is therefore small, and the action of the drug on the general system is a mild one, and cannot become dangerous even when the largest doses are given. The treatment of the disease is, therefore, a much more intensive one than with most other preparations, for a small quantity of guaiacol is continually kept in the presence in the body fluids.

The guaiacol leaves the body as an ethereal sulphate. Hence we may assume that during absorption the guaiacol combines with the albuminous elements of the blood, by means of the sulphur contained in the albumin molecules.

This union of the guaiacol with the albumins must take place especially with those of them that are distinguished by their chemical reactivity. These are of course the very poisonous albuminoids called the "labile albumins," which are caused by bacillary life action.

This union of the ptomaines with guaiacol is an once changed by the advent of oxygen. The guaiacol with the sulphur leaves the albuminous molecule, and the remainder undergoes further change. These products of disassociation are cast off mostly in the urine. Thus Guaiacol Carbonate unpoisons the blood continuously; it continuously frees it from the poisonous products of bacillary life. The organism itself, freed from these poisons which cause the symptoms of the disease and so terribly depress the bodily forces, remains at liberty to devote all its strength to the destruction of the organisms that cause the disease and produce the poisons, the bacilli. The amount of the Guaiacol Carbonate that is necessary to produce this effect must be left to the judgment of the physician in each case. I have latterly mostly given 2 to 3 grammes (30 to 45 grains) daily in wafers, dividing the dose equally between the morning and the evening. Only where this is insufficient do I gradually increase the dosage up to 6 grammes (90 grains) daily. With this latter dose I have several times seen brilliant improvement in cases in the advanced stages of phthisis, after other methods had failed to improve the patient's condition.

Beginning cases of phthisis, where besides the chronic catarrh there is apex infiltration, with dullness, and the specific bacilli are present in the sputum, should with rare exceptions be cured in a few months. If the general mode of life is regulated, the patient may continue his usual avocations during the treatment. Extensive destruction of lung tissue,

with evident loss of strength demand, of course, careful nursing and a long period of treatment.

But Guaiacol Carbonate will cure phthisis even in its advanced stages. Among the unfavorable hygienic surroundings of a factory town, where the absence of fresh air and the dust in the factories render the treatment much more difficult, I have often seen the hopelessly bedridden workman returning to his daily labor in a very short time.

I append a few very characteristic histories, drawn partly from my own experience during the last few years, and partly from that of professional colleagues :

Case 1. K., 29 years old, a farmer in W.; family history bad. Applied for treatment towards the end of 1890 complaining of general weakness, dyspnea, palpitation, bloody cough, and copious purulent expectoration. The examination revealed apex infiltration with dullness, and an abundance of bacilli in the sputum.

He has not been able to work for two months, and knew that he was tuberculous. After treatment for 5 months with Guaiacol Carbonate there was nothing more abnormal to be found in the lungs. He has remained well since then; he looks flourishing, and does his field work without difficulty.

Case 2. Mrs. B., of K., 28 years old, married, with a family history of consumption, had suffered since the middle of 1891 with breast pains, weakness, fever and night-sweats. Bacilli were present in the purulent expectoration. The use of the Guaiacol Carbonate was begun toward the end of 1891. In four months the subjective and objective symptoms of disease had disappeared. Half a year later the lung troubles reappeared. After a few weeks of rational treatment they retrogressed again, and the patient has remained well ever since.

Case 3. P., 51 years old, factory operative in M., tuberculosis since 1889. In the beginning of 1891, when the Guaiacol Carbonate treatment was begun, there was dullness over both apices. Abundant purulent expectoration with many bacilli. Tuberculous ulceration of the larynx. Complete hoarseness. The tuberculin cure had been tried, but it had to be given up on account of general debility. After one year's use of Guaiacol Carbonate his speech became clear and intelligible. A few moist rales and dull percussion note only remained of the physical signs. Nothing else abnormal can now be found in the lungs and larynx. The patient works in the factory every day.

Case 4. K., roofer in M., 60 years old, married; a large spare man, in the last stage of phthisis. Has been sick since 1890. In the summer of 1892 he had a severe catarrh of the lung, with copious, purulent, bacilli-containing expectoration. Moist rales with bronchial breathing present over the entire lung. Dullness in the right and left supra-clavicular re-

gion. Breathing difficult and groaning. Complete anorexia. Tongue thickly coated. Excessive emaciation. Had been given up by several physicians. Guaiacol Carbonate was begun in August, 1891, and its effect was most surprising. In a month the patient was able to leave his bed. A year latter the cough and the expectoration had ceased. The infiltrations can hardly be found. The patient feels well again, and can do his work.

Case 5. S., apothecary in G., 40 years old. Last stage of phthisis. Extensive dullness and abundant moist rales over both lungs. Night-sweats, diarrhoea, sleeplessness, dyspnoea, anorexia and hæmoptysis. He had taken all manner of creosote and guaiacol preparations, without hindering the advance of the disease. At length the patient gave up all hope from drugs and began to drink heavy wine in excess. In March, 1892, Guaiacol Carbonate was prescribed for him. At the same time an abscess was opened at the right lower lobe, and treated locally. After he had used the Guaiacol Carbonate for eight days the appetite first began to improve. Gradually his nights became more quiet. The dyspnoea became less, and a subjective feeling of well-being began to be experienced. After five weeks the patient left his bed. Three weeks later the physician who was treating him met him in the beer saloon. In spite of this the improvement continued, and the patient has maintained his ground.

Case 6. Wa., 38 years old, beer brewer; unmarried, good family history. Is in the last stages of phthisis. The patient has been a drunkard, and has aided the disease in every way by his irregular mode of life. The Guaiacol Carbonate was only ordered when the patient was laid on his back by severe dyspnoea and sanguinous expectoration. Both lungs showed wide-spread dullness and rales. Intraclavicular cavities were present on both sides. Troublesome cough. Great expectoration. Countless bacilli. The patient took Guaiacol Carbonate gladly, and with the best result. After a few weeks he was able to leave his bed. Soon, however, he began to drink immoderately again, often commencing on an empty stomach at five o'clock in the morning. The consequence was that after two months the patient was completely exhausted and had to seek his bed again, from which he was helped a second time by the Guaiacol Carbonate. After seven weeks he was up again, and at work. Unfortunately, however, he could not leave drink alone. A third attack of the disease in the fall of 1892 killed him, after Guaiacol Carbonate had twice saved his life.

These histories of cases observed by others give valuable confirmation of the fact that the Guaiacol Carbonate will do good in far advanced, apparently hopeless cases of phthisis. But I by no means say that it is capable of curing every case. We will meet a case of phthisis here and there where the infection is obstinate, and will not leave the affected lung.

But patience and a rational treatment will do much even in these cases, and we will often be able to markedly prolong life.

Guaiacol Carbonate is perhaps only indifferent to acute miliary tuberculosis. The general infection of the entire organism soon causes the patient's death.

I have not treated all the patients that came to me indifferently with the Guaiacol Carbonate. For purposes of comparison I have always treated a number of cases at the same time with creosote guaiacol, and with ergenol carbonate. But the Guaiacol Carbonate always remained the best.

Postscript.—Experiments made with six infected guinea pigs lead me to conclude that if the treatment is commenced early, even a beginning miliary tuberculosis is not quite uninfluenced by the Guaiacol Carbonate. As Cornet found with creosote I could not make these extremely susceptible animals immune against the millions of bacilli of the inoculating needle by the drug. But the animals fed with Guaiacol Carbonate showed themselves much more resistant to infection than the control animals. The glandular swellings appeared later, and progressed more slowly. With care and good nourishment the weight of the animals even increased for a time; and when, after the lapse of about 10 weeks I killed the animals, the disease foci in the internal organs were smaller and less numerous.

Dr. Frederic C. Coley, Physician to the Northern Counties Hospital for Diseases of the Chest, and to the Hospital for Sick Children, Newcastle-upon-Tyne, in an article entitled "The Drug Treatment of Phthisis" (The Practitioner, London, October, 1894, pp. 271-278), says:

The first drug that I propose to make reference to is Guaiacol Carbonate. The exact therapeutic value of Guaiacol Carbonate is a very complicated question, and the more so because it is not credited with the power of controlling any special symptoms. It appears rather to favorably influence the general condition of the patient, and to enable him to gain both in strength and in weight. But to gauge the amount of credit due in any case to a given remedy must be a very complicated question in a disease so variable in its course as phthisis. Nor are the natural variations of the disease our only difficulty. For purely scientific experiment it would be desirable that the drug under trial should be administered alone, the patient's diet and environment being in no way altered in the meanwhile. But no conscientious physician would attempt such an experiment, even if the patient and his relatives would consent to it. If we would help our patients, as we ought, in their struggle in such a disease as phthisis, we must score every point that we can against the enemy. While carefully avoiding fussy and useless medication, we must be ready at all times to employ any additional resource which the special circumstances of the case may indicate.

It would appear, therefore, that the practical value of a remedy like Guaiacol Carbonate is a matter which can only be decided by the observation of a much larger number of cases than it would be possible to have accumulated in the short time that has elapsed since its introduction. But happily we are not entirely dependent on direct experiments with Guaiacol Carbonate itself. Creosote has been tried quite sufficiently to fairly establish its therapeutic value. Especially in France it has been used so extensively as to leave little room for doubt about its power to check the course of phthisis very materially, in those cases where it can be tolerated in adequate doses. This last is just the weak point of creosote as a remedy. Now Guaiacol Carbonate has a fair right to claim as evidence in its own favor all the accumulated experience upon which the therapeutic reputation of creosote rests. And a comparatively limited trial is quite sufficient to prove that it is not open to the objections which so commonly militate against the use of creosote. Guaiacol Carbonate is not quite tasteless, but the creosotish flavor which it has is not strong enough to be seriously disagreeable. I have found that children take it without making any special objection. Indeed, many appear actually to like it. I remember only one patient who complained of its taste at all, and she was the only one who spoke of any considerable degree of nausea following it. In her case the difficulty was overcome by administering the drug in compressed tablets. In all other cases it has been taken readily enough in the form of powder. I have given it to children of the age of nine years and upwards, in doses reaching up to fifteen grains night and morning, and I have never seen the least sign of intolerance by the stomach, or any ill result. It has been my custom to begin, in the case of adults, with five grains every night, gradually increasing the dose, and afterwards giving it in the morning, as well as at night. This caution now appears to be unnecessary, however reasonable it might have been in trying a new remedy. I believe it will be quite safe to recommend fifteen grains every night as the initial dose for an adult. After a few days' trial it may be given two or three times daily, and the dose may be gradually increased. As much as 75 grains in divided doses have been administered daily, but I have not myself, as yet, gone beyond 50 grains daily; although I believe it to be quite possible that the larger doses may be beneficial, and I have seen no reason to believe them to be dangerous.

My best opportunities for observation have been in children, inpatients in the Newcastle Children's Hospital. There I think I have seen results which are at least encouraging enough to suggest more extended trial. A curious fact, which may certainly be a mere coincidence, deserves record. For one week our supply of Guaiacol Carbonate failed. During this week, three children who had been taking it lost weight, or ceased to gain; and they all gained weight again the next week when its administration was resumed. The coincidence is remarkable, although all these

patients had fluctuations in their progress at other times, not explainable in the same way.

Guaiacol Carbonate does not appear to have the power of checking tuberculous diarrhoea; nor can I say that I have observed any direct effect upon cough or expectoration, or on the physical signs. Nor can I claim for it any well-marked power of controlling temperature. But appetite and general health improve, and weight is gained under its administration, so that it would appear to be in some sort an antitoxin, partially neutralizing the general, as distinguished from the local, effects of tuberculous metabolism.

Perhaps the chief objection to the general use of Guaiacol Carbonate is its cost. But that we may hope will be less when the demand for it is greater. And even as it is now, patients in very moderate circumstances make no difficulty about spending much more upon the problematical compound spirit described under the name of port wine than would be required for full doses of Guaiacol Carbonate.

A Strange Phenomenon Occurring in a Case of Gonorrhœa.

I have been prescribing Sanmetto in nearly all urinary diseases for the past four years. I treated a case of gonorrhœa about three years ago, the result of which is without parallel. After treating the case four days considerable hemorrhage occurred, then followed the strangest phenomenon I have ever seen or read of—strings of mucopurulent consistency, resembling chicken guts, over a yard long passed from the urethra. This peculiar condition continued several days, when I thought of Sanmetto. After taking teaspoonful doses of Sanmetto every four hours for twenty-four hours, he was relieved of the trouble, and recovered rapidly afterwards, using only two bottles. I should have reported this case sooner, but neglected it. I still prescribe Sanmetto when indicated.

Duncansby, Miss.

I. N. DAWSON, M. D.

Treatment of Typhoid Fever.

Dr. St. John, of Charlton, N. Y., says, in the *Courier of Medicine*, that the diet in typhoid fever, if possible, should be milk and milk alone. He says: "I tell the patient that if he can take and digest from three to five pints of milk in 24 hours the battle is more than half won." No doubt if a patient could digest this enormous amount of milk in 24 hours the battle would be over half won, but that is impossible. I have never seen a case yet that could do it. If my friend will give one-third of this quantity of milk, he would see that antipyretics for the high fever, opiates and astringents for diarrhoea, would be unnecessary. The patients would not loose near so much weight, and his mortality not above two per cent.

Bicycles for Women.

Dr. Dickinson says in an article that he lately contributed to the Journal of Obstetrics that among the most difficult questions which present themselves daily is the problem of prescribing exercise. So unused is the average woman to exercise that muscle work for its sake presents none of the delight and afterglow which men usually get from it. To her the gymnasium often means dull routine; dancing is done in a bad atmosphere, in unsuitable dress, during sleeping hours; and horseback riding, especially at a trot or with the close seat, is a jolting of the pelvic organs, with their supports stretched tight by the corset that the tailor-made habit demands. Only the summer presents, in the various sports, a means for the development of muscular energy whereby much good may be accomplished.

Bicycle riding, says the author, has certain advantages over the present style of horseback riding. The fashionable contorted seat does not develop the body symmetrically, although, when women get into the habit of riding part of the time with the stirrup on the right side and part of the time with the stirrup on the left side, one objection to the spinal rotation and the asymmetrical development will be overcome. However, he thinks that cheapness, safety, accessibility, and the small amount of preparation required are in favour of the wheel, in a greater degree even for women than for men.

With regard to the sewing machine, the question has often been asked why women are advised to ride the bicycle while they are warned against the sewing machine. Dr. Dickinson thinks that the conditions under which the two forms of exercise are taken vary radically. A woman at the sewing machine, he says, must stoop to focus her eyes accurately on her work, and such a posture in the corseted woman brings a strong pressure to bear on the pelvic contents by means of the lower part of the metal front-pieces of the corset. This is illustrated in Dr. Dickinson's article by a cut showing the pelvic inlet nearly horizontal, and pressure from the corset steels gaining free access to the pelvic organs. The action of the legs also is a distinctly constrained one, and the indoor motion is a series of very short excursions in rapid succession, while the road machine calls for a full, slow sweep of the whole leg. If a woman rides a bicycle, stooping well forward while dressed in a good corset, with her saddle far back, so as to be obliged to thrust forward on her pedals, the conditions are somewhat analogous to those under which she works at the sewing machine. She should wear loose body clothing and sit upright. The effect on the circulation will be that of any general exercise; therefore the pelvis floor and the organs above it will receive a well-defined stimulus, and by degrees a permanently increased tone, from regulated riding.

In bicycling there seems to have been found at last, says Dr. Dickin-

son, a form of outdoor muscle work which attracts women and entices them to many hours in the open air. It possesses all the advantages of walking or climbing, and it exercises a large number of muscles; therefore it seems to the author that there is no single exercise that will so efficiently develop muscular tone as this.

Treatment of Dilatation and Hypertrophy of the Heart Resulting from Over-Exertion and Idiopathic Heart-Disease.

Dr. Hermann, after a critical study of this subject and an experience with a number of cases, gives the following as the best method of treating these cases:

Rest in bed must be insisted upon. If this is not insisted upon the frequency of the respiration and pulse will be increased, the pulse will become weaker and perhaps irregular; the area of cardiac dulness continually increases until finally life is ended through a marked insufficiency of the heart. Excitants are to be avoided—such as camphor, brandy, wine, ether—which tend to irritate the heart. Digitalis, which is recommended by Curschmann, and is very useful in many cases, is frequently rejected by some stomachs, giving rise to spasms of vomiting or increasing the tendency already present. In such cases rectal injections of the drug are followed by marked results. The use of strophanthus preparations and the ordinary cardiac stimulants in addition to digitalis are indicated in the same manner as in other forms of cardiac disease.

Calomel is a drug which has afforded the author great service after the other cardiac remedies had failed.

Narcotics and hypnotics are to be used only with great care, but are sometimes necessary. Since the hypnotics, through the production of sleep, rest the heart, they are in so far to be recommended.

Ice bags have been frequently placed over the heart to lessen its action, but are of doubtful value.

Blood-letting, for relief of the vascular system, preventing the stasis, and decreasing the resistance to the emptying of the left ventricle, is to be recommended, and has produced good results when used by the author. The results have been excellent, especially in the relief, for the moment, of cyanosis and distressing dyspnœa.

The use of aerated beverages is to be avoided, not only on account of their excitant action on the heart, but also on account of the increased arterial pressure produced by the contraction of the capillaries.

In case of recovery, excitant causes, as great strains and alcohol, are to be avoided.

The National Society of Electro-Therapeutics will meet in Boston, September 18th and 19th. Many valuable papers have been promised.

Electricity in Medicine.

Dr. Morton read a paper with the above title at the Eighty-ninth Annual Meeting of the Medical Society of the State of New York.

1. I would suggest as a definition of electro-therapeutics, in a biological sense, that it is the transformation (by the law of conservation of energies) of electric energy into the energy peculiar to vital cells.

2. Electricity in medicine must be regarded not as an entity, like a drug, but as having a variety of "properties," such as electrolysis, cataphoresis, contraction of protoplasm, etc., each of which properties may be employed, singly or combined, to combat given morbid conditions or diseases.

3. Of the galvanic current it may be concluded—

(a) That strong currents depress nutrition of tissues and produce structural changes leading to physiological atrophy (twenty to a hundred milliamperes).

(b) That mild currents stimulate nutrition and produce physiological hypotrophy (one to eight milliamperes).

(c) That mild galvanic currents, pulsating or alternating, produce similar effects to mild continuous currents

(d) That the negative pole is specifically indicated in that large class of cases termed chronic inflammation where newly-formed fibrous tissue or exudate occurs.

(e) That upon the writer's theory—already accepted by several prominent physiologists—and observations, that catabolic or destructive events in tissue uniformly present the sign of negative—that is to say, are at their origin electro-positive (resembling the zinc of a voltaic cell), the negative pole is indicated to arrest the catabolism, the positive to augment it.

(f) That the positive pole is rarely indicated, and, if so at all, upon the basis of an electrotonic effect to produce sedation of neuralgic pain in superficial nerves.

4. Of the faradic current it may be concluded—

(a) That its main uses are to tetanize muscle and to cause sedation of pain.

(b) That the tetanizing current as now employed to treat paralyzed muscles is injurious, since it enfeebles the muscle and causes atrophic structural changes.

(c) That to strengthen or properly exercise a paralyzed muscle, a slow rhythm of the faradic current—about thirty waves to the second—should be adopted.

(d) That in some spastic conditions of muscles (due to paralysis of an opposing group) the strong tetanizing current may be used to advantage to over-stimulate, and thus to fatigue the muscle.

5. Of the franklinic current or static electricity, it may be concluded that it is an adjunct of great efficiency in practice, since—

(a) It evokes the usual nerve and muscle reactions.

(b) It affords a most convenient means of stimulating the peripheral distribution of the nerves in the skin, producing counter-irritating, reflex, and other afferent impression effects.

(c) It has a local perturbatory action (spark).

(d) It produces profound alterations in the metabolism of the individual, increasing the natural waste products and diminishing the toxic or by-products. For this reason it is specifically indicated in cases of malnutrition, whether local or general.

The Radical Cure of Umbilical Hernia.

Dr. Lucas (*Lancet*) advocates the radical cure of umbilical and epigastric hernia. Although such treatment is not so frequently applied to these as to other hernias, the indications for operation may be regarded as more urgent in the former.

Umbilical hernia usually attains an enormous size and causes much discomfort. It is never effectually retained by truss or bandage. It assists in bringing about rapid organic failure, marked by diabetic, albuminuria, and premature senility, and is almost always complicated by obesity and pulmonary emphysema. When the hernia has acquired a considerable volume it is no longer amenable to surgical treatment, as the swelling will very probably return through the large opening in the abdominal wall. In cases of small umbilical hernia a solid radical cure may be effected. As umbilical hernia presents itself in many forms, it is impossible to state absolutely the details of the operation for radical cure.

In this, as in other forms of hernia, the main objects of such treatment are to remove the sac, to secure its pedicle, and to close the orifice in the abdominal wall by sutures arranged in rows, so as to establish a firm cicatrix. In most cases in which the sac is removed it is necessary to excise the umbilicus.

In operating upon umbilical hernia the author usually removes a large mass of omentum, and thus by reducing the tension of the abdominal walls lessens the tendency to relapse.

The opening in the peritoneal cavity is to be closed by five rows of sutures, one for the peritoneum, one for the skin, and three for the different muscular layers.

The author has operated eighteen times with good results, but in some of the more severe instances he had to contend with serious symptoms of pulmonary congestion.

He had also operated in eleven cases of epigastric hernia. This form

of hernia, unlike umbilical, has hardly any tendency to increase in size. It is usually painful and often accompanied by vomiting.

The hernial orifice should be freely excised, and the sac drawn forward, opened, and detached from surrounding parts and removed together with any omentum it may contain. The pedicle of the sac should be ligated before division as far back as possible. The opening is then closed by three rows of sutures, one for skin, one for peritoneum, and a third for the intermediate portions of the abdominal wall. In the author's practice this operation has never been followed by a relapse.

Displacement of the Liver.

Dr. Graham in a paper with the above title, published in the Canadian Practitioner states that displacements of the liver may occur from influences outside the liver and its attachments, such as tumours, abscesses, and the like, as well as from stretching or relaxation or undue length of the ligaments from any cause. The condition is not uncommon in women with pendulous abdomens, who have borne many children. A distinction is to be made between floating liver and merely movable liver. The author reports the case of a woman, aged 62, who had borne ten children, and presented cyanosis, dyspnoea, dilation of the right heart, and emphysema. The liver was displaced downwards, but could be replaced when the patient assumed the recumbent posture, and could be retained in place by the use of a bandage. In a second case, that of a man aged 35, the liver was displaced by a subphrenic abscess. There existed also pyloric obstruction and gastrectasis. The liver lay obliquely in front of the stomach. In a third case, in a boy, the front wheel of a wagon had passed over the trunk, fracturing the seventh and eighth ribs. For a time a considerable area of dullness was found upon the left side, while the normal area of hepatic dullness could not be detected, so that the question arose whether the liver was originally displaced and an inflammatory process had taken place in the right hypochondrium, or if the liver was merely hidden under the diaphragm, and an inflammatory process had taken place about the spleen. The paper contained a tabulated statement of 30 published cases of displacement of the liver.

The History of Medicine in Georgia.

The Atlanta Medical and Surgical Journal has recently published a valuable and interesting article entitled The History of Medicine and Surgery in Georgia, by Dr. Luther B. Grandy, of Atlanta. The article does not purport to be exhaustive, but it serves to call to mind the main incidents in the history of medicine in Georgia, and the chief achievements of the physicians and surgeons that have practised in the State, from colonial times down to the present day. The record is one that the Georgia profession may indeed be proud of.

Reducible Hernia--Its Treatment.

Prof. Beresowsky (Lancet) wishes to solve the questions, in what cases are trusses most useful and necessary? What are the indications for operative treatment? and what is the best method of performing the operation—namely, which operation is most harmless for the patient on account of its more certain remote results and least complicated technique?

With the purpose of answering these questions he studies most carefully the one hundred and sixty-one cases occurring in the clinical service of Professor Kocher, of Berne, in which there were two hundred and twenty herniæ. He also studied results from other methods as well as those obtained by Prof. Kocher's various methods. From these studies he arrives at the following conclusions:

1. The only indication required for operation, in the present state of the radical operation as performed in the Berne clinic during 1892 and 1893, is the desire of the patient to have the operation, or at least that is sufficient.

2. The size and age of the hernia influence the prognosis only as regards the length of the period of recovery and, in the majority of cases, the frequency of relapse.

3. The age of the patient—*i. e.*, the flabbiness of the abdominal walls—influences in no measure either the result of the operation or the rapidity of the healing, yet it has a somewhat greater influence on the prognosis as regards return. More frequently in these cases the actual hernia does not return, but another is formed in some other locality, having no relation to the operation and resulting from the relaxed condition of the abdominal walls.

4. In the case of children the operation can be performed even early in life; but the following aseptic principles should be carefully attended to: If possible the wound should be hermetically closed; the stitches of the continuous suture should be close together; no drainage should be used; before the gauze is laid over the suture it should be painted with a mixture of subnitrate of bismuth and bichloride solution; then the wound is closed by collodion. The relapses seen are not so frequent as the non-curable cases in treatment by trusses.

5. The best method of treatment of oblique inguinal hernia is the latest modification of Kocher's method, since it gives more certain results of a permanent character than the other best-known methods (Macewen, Bassini), and, secondly, since this method, on account of the simplicity of its technique and the slight danger to the patient, in cases where there is a disturbance in the healing process, has noteworthy advantages over other methods.

6. To prevent the possibility of a relapse care should be taken not

to injure the veins of the cord, and in cases where a varicocele occurs the operation for its radical cure should be immediately undertaken.

7. The wearing of a truss after healing by primary union this author considers to be entirely unnecessary.

Period of Incubation of Typhoid Fever.

The general conclusion to be drawn from all the facts is that the period of incubation in enteric fever varies within rather wide limits. The interval between exposure to infection and the development of distinct symptoms is probably most often twelve to fourteen days. It is not very infrequently nine or ten days, occasionally eight, and possibly even less. According to Dr. Murchison, it may not exceed one or two days; but no case of the kind has been reported. In rare cases it is prolonged to fifteen, eighteen, or even twenty-three days. Dr. Murchison thought it very doubtful if the incubation period ever much exceeds three weeks.

A person suffering from enteric fever is capable of conveying the infection to others throughout the whole course of the disease, from the date of the earliest symptoms of illness until convalescence has been established for at least a fortnight.

An epidemic due to milk contamination may be expected to cease at or about the end of the second week after the arrest of the contaminated supply; but an epidemic due to contamination of a public water supply may not come to an end until the fourth week after the source of specific pollution has been removed. Where an epidemic can be traced to well water its duration may be very much more prolonged, and no general statement as to the probable date of its spontaneous termination can be made.

Infection can be conveyed by fomites, and retained in them, probably for two months at least.

How a Physician Increased His Practice.

It is my pleasure, and also my duty, to report that my success with Sanmetto is far beyond expectation. It has effected a cure in every case for which I have employed it. It has been a complete success in kidney and bladder troubles. I have also used it in gleet and gonorrhœa with perfect satisfaction. In some cases I add one drachm of ergot and tr. opii, or liq. strychnia to the one bottle, as circumstances may call for, and I always have a favorable result. In short I have to say that my practice has increased considerable since I commenced the use of Sanmetto, and I prescribe it daily.

Marinette, Wis.

N. J. LUND, M. D.

Bronzing of the Skin in Diabetes.

Dr. Marie in the *Edinburgh, Med. Journal* gives a general description of this rare disease, of which only nine certain cases, all by French observers, and two doubtful ones have been published. (a) Etiology: It appears in the second half of adult life, and is more common in males than females. Cause possibly alcoholism. (b) Onset: Rather sudden, with all the classical signs of diabetes mellitus, together with gastric and respiratory disorders. (c) Symptoms: (a) Those of diabetes mellitus, the polyuria, however, being moderate, while the glycosuria amounts to 150 to 350 g. in the twenty-four hours, but diminishes or disappears towards the fatal end. (b) Abdomen: Distension almost constant, but ascites slight; considerable hypertrophy of liver, which is of wooden hardness and tender. There is no true icterus as a rule, but urine is high coloured without containing bile pigments. The superficial abdominal veins are enlarged; the spleen is hypertrophied, digestion is often retarded, and diarrhoea, alternating with constipation, is present usually. (c) Emaciation and enfeeblement rapid. (d) (Edema of legs generally present. (e) The cutaneous pigmentation is brown or even grey black, more or less uniform, most marked on the face, extremities, and genitot organs, but is absent on the mucous membranes, and no spots are present (difference from Addison's disease). In some cases it has been wanting. (f) Fervour; Loss of sexual power, absence of knee-jerk and insomnia as in diabetes. (b) Duration: Average 11½ months. The temperature is raised towards the end, and the œdema and ascites may become considerable, and purpura may appear. (c) Morbid Anatomy: (a) Macroscopic: (1) Liver enlarged, dense, and rust-coloured, surface generally hobnailed, but may be smooth, bile passages normal, (2) intestines, mesentery, and peritoneum of a slate-black colour (in author's case also covered with miliary tubercles); (3) spleen, mesenteric and mediastinal glands enlarged, sclerosed, and of a reddish brown rust colour, (4) pancreas sclerosed and rust-coloured, duct patent; (5) kidneys and vessels normal; (6) heart usually normal in size or even dilated with flaccid reddish yellow walls, but in author's case it was atrophied. (7) lungs frequently tuberculous. (b) Microscopic: Liver inter and intra lobular cirrhosis, with masses of ochre-coloured pigment between connective tissue fibres and in hepatic cells, some of which are crowded with pigment and disintegrate. Pancreas cirrhotic with pigment in connective tissue and parenchyma. In the lymphatic glands the pigment almost obscured their structure; kidneys pigmented to a less degree. The heart in author's case presented pigmentary degeneration of muscular fibres and sclerosis of pigmented fibrous tissue. (c) Pathogeny: The pigment is ferruginous; thus the liver contained, in author's case, 11.3 per thousand of iron (normal amount 0.4 per thousand), and the lymphatic glands 18.5 per thousand (normally a trace

only). This probably accounts for the colour of the peritoneum and intestine, sulphide of iron being formed by decomposition. The pigment must thus arise from hæmoglobin, and is probably formed chiefly in the hepatic cell. Marie considers this disease to be an entity and not an accident supervening in the course of ordinary diabetes.

Lead Convulsions.

Prof. Stewart, writing in the *Lancet*, says that of the various forms of cerebral disorder produced by lead, conjointly designated encephalopathia saturnina, the convulsive is by far the most common, forming two-thirds, if not more, of all cerebral manifestations. He prefers the term convulsions rather than eclampsia or epilepsy, for it includes all of the various forms of convulsive disorders of lead origin. A clinically exact systematic grouping of the various forms he thinks impossible, for the eclamptic and epileptic forms may each blend with the other. A distinct class does exist, of which two instances are given, in which the primary lead convulsion becomes secondarily "idiopathic" epilepsy.

The duration of the period between the first exposure to lead and the development of cerebral symptoms is a variable one, depending upon inherent susceptibility and severity of poisoning. In a series of sixteen cases the convulsions appeared earliest in children. In one of the cases convulsions appeared on the fifteenth day after exposure; in thirty-two days in a second, thirty three days in a third, a trifle less than four months in a fourth and fifth, four months in a sixth, about eight months in a ninth, and in the tenth the period of exposure extended over a period of some twenty years.

None of these cases was engaged in the manufacture of lead compounds. One was a coach painter who for a year preceding the convulsions had used chrome colors. Two were handlers and mixers of chrome yellow in a dye-house. Two were bakers who used chrome yellow as a cake-dye. The remaining eleven were poisoned by eating the lead-dyed cakes.

Preceding the development of cerebral manifestations the ordinary symptoms of plumbism are usually found, but this appears to depend largely upon the duration of the period of exposure prior to the convulsions. In eight of these cases they were present, but in the remaining number, although there was evidence of a depreciation in health, the common symptoms of plumbism were absent.

Paralysis of the extensor muscles of the forearm (wrist-drop) did not occur in any of the sixteen. The blue line was present in all cases examined for it.

Prolapse of the Cervix with Edema During Pregnancy.

Geyl (in British Medical Journal) describes a case of this rare condition, seen in his own practice. Five have already been collected by Gueniot, the discovery of the disorder in question, and one by Misrachi, and thus eight cases complete the series. Geyl makes use of the formidable name "*oedema acutum cervicis uteri gravidæ parturientis seu puerperalis intermittens*," which also forms the title of his monograph. In Geyl's last case he first saw the patient on February 19th, 1894. She was in the seventh month of pregnancy, and complained that a body frequently protruded from the vulva and went up again. A sanicus mucous discharge ran from it as long as it was down. A year previously Geyl had used the curette for endometritis. He had opportunities of examining the prolapsed body. It was a cylindrical structure, $2\frac{1}{2}$ inches long outside the vulvar cleft, ending in a blunt extremity nearly 2 inches wide. It pitted on pressure of the finger, the depression disappearing directly the finger was removed. On careful exploration it was found to be the anterior lip of the cervix. The chief examination was made on March 24th, when labour pains were suspected. After rest, with elevation of the pelvis, the swelling disappeared. It came down again daily before labour. On the night of April 7th precipitate labour occurred, the child being delivered after four pains only, when the patient had been one hour in bed, the placentæ soon followed. Geyl arrived when all was over: the uterus was perfectly normal. Ten days later the anterior lip felt a little larger than the posterior. As reduction is usually spontaneous, and as this case shows that labour is but little affected, oedema of the anterior lip is hardly a dangerous complication of pregnancy. It presents, however, a formidable appearance, and therefore obstetricians should be aware of its true nature.

Early Diagnosis of Diabetes.

Prof. Von Noorden has drawn attention to the early diagnosis of diabetes since treatment in the early stages offers considerable hopes of recovery. Treatment should be begun before the diagnosis is made by the discovery of sugar in the urine. The author has investigated the diagnostic value of alimentary glycosuria in such cases. In fifteen adipose individuals no trace of sugar could be found when food containing much carbohydrate material was administered, but when pure grape sugar was taken glycosuria was noted in 4 cases. Two of these 4 cases have since developed diabetes, and the two other cases have not been under observation long enough. If subsequent investigation confirms these observations the test with grape sugar will be of considerable diagnostic value. It should be tried in the adipose and gouty, especially when a family history of diabetes is present. The author looks upon adiposity as frequently an early symptom of diabetes.

Some of the Causes of Neuralgia.

Recent investigations have brought out the fact that there are many severe cases of neuralgia caused by abnormal conditions of the nasal passages. In several instances there has been found enlargement of the bony structure of hard lumps of diseased tissue pressing against certain nerves and causing the most excruciating pain. Removal of these has resulted in complete cure, although there have been returns of the growths after the first operation. Persons who habitually suffer from pains in the head should have their conditions carefully diagnosed. Long continued suffering not infrequently brings about protracted and incurable mental and nervous disorders.

Tubercular Disease of the Uterus.

Emanuel (Jol. of obstetrics) emphasis the advantages of careful microscopical examination of all tumors and inflammatory processes of the genital organs, and as a proof of its importance he reports the case of a woman, 50 years of age. *Vaginal examination.*—The perineum was found covered by a slouching ulcer, four inches in length and three-quarters of an inch in breadth. A tumor the size of an apple was attached to the cervix, causing secondary ulceration of the surrounding vagina. The uterus was considerably enlarged and anteфлекed. There was some tenderness in both ovarian regions. The ulcer of the perineum was excised, also a portion of the tumor, and subjected to microscopical examination. They were both proven to be tubercular. At this time there were no physical signs of pulmonary involvement. The uterus, tubes and ovaries, the diseased portion of the vagina, and an enlarged lymph-gland were removed by the vagino-abdominal method. The patient died in shock. The case of death, proven post mortem, was fatty meta-morphosis of the heart-muscle. The spleen, liver, kidneys, and peritoneum were found infiltrated with tubercles. The adnexa and lungs were healthy. The endometrium was completely destroyed by the tubercular disease, and the uterine cavity was filled with caseous material. The writer here describes in detail the characteristic microscopical lesions of tuberculosis found in sections made through the uterus, vagina, and perineum. That the disease was tubercular is beyond doubt. He further writes that tuberculosis of the uterus has rarely been described, since he believes the cases are taken for malignant disease, removed, and no microscopical examination made. The primary lesion in the above case must have been in the cervix uteri; the vagina, uterine cavity, and perineum being secondarily infected. Only two cases similar to this one have been reported. The infection of the female genital tract can take place through coitus; secondarily, by metastasis by way of the blood-vessels; and most frequently

from the lungs and from general tuberculosis of the peritoneum. In this case, only the peritoneum covering the tubes were infiltrated with miliary tubercles.

Treatment of Boils.

The Clinical Journal, editorially, has this to say of the subject :

It is desirable to have other resources than the knife and the antiseptic lotion in the treatment of boils, inasmuch as the mere mention of the lancet is painfully distressing to some over-sensitive natures. Van Hoorn employs a method which fulfills the threefold condition of being antiseptic, comparatively painless, and said to be very effectual. He first makes the patient's body aseptic by washing the whole of it quite clean with tepid water and potash soap. He then proceeds to a still more perfect purification of the boil and the surrounding inflamed parts by having thoroughly washed with corrosive sublimate solution of the strength of 1 in 1000. Here perhaps we may interrupt our description by the suggestion that a solution of the biniodide of mercury, which, according to Bolsheolsky, Luff, Illingworth, and others, is a safer and more powerful germicide than the perchloride, might be employed instead. Having made the outer parts thoroughly aseptic Van Hoorn completely covers the furuncle and its immediately surrounding area with a phenol and mercurial plaster. This he changes daily. Of course it may be changed oftener if necessary. If the furuncle have reached the definitely purulent stage it bursts. The contents are then thoroughly squeezed out and the cavity cleansed with the sublimate solution. It sometimes happens, however, that treatment is commenced before fluctuation has declared itself, and in that case absorption and abortion may be looked for. It is said that the results obtained are excellent. The inflamed parts quickly return to the normal state, cicatrization is rapid, and the cure is both pleasant and prompt. It would be well that this method of treatment should be extensively tried. If it should prove as effectual in other hands as in those of Van Hoorn it will be a distinct addition to the resource of general practice.

Colored Virus and its Antitoxin.

The latest reports on this subject states that injections of bouillon cultures of cholera bacilli have a typical influence on the temperature of guinea-pigs. A quantity of cholera bacilli, sufficient to kill the animal within twelve hours, makes the temperature first rise for about three hours and then fall till death. If the quantity of bacilli is not large enough to be fatal the temperature, after having fallen for some hours, suddenly rises again. In the most severe cases, where the animal dies within two, four, or six hours, the temperature falls immediately from the moment of the

injection till death. From these facts Dr. Ransom concludes that a large amount of dissolved virus must be contained in the culture fluid. He even succeeded in finding the virus in a culture fluid from which he had previously removed the bacilli themselves, and injections of this fluid killed guinea-pigs much more quickly than when the bacilli were still in it. It was thereby proved that the virus was really present in a state of solution in the bouillon culture. Injections of the dissolved virus produce the same symptoms as injections containing bacilli; the animal grows faint, its fur becomes rough, its eyes lose their natural brightness, the skin becomes cold, general trembling ensues, and very soon the temperature falls. From the fluid Dr. Ransom has obtained also a solid substance which produced the same pathological symptoms as the diluted virus. The substance is of extreme virulence; 0.07 of a cubic centimetre kills a guinea-pig within twelve hours, and 0.1 even in fifteen minutes, but when given by the stomach it is innocuous. Dr. Ransom then immunised guinea-pigs, goats, and wethers by the well-known methods of Professor Behring. He states that there is an antitoxic substance in the blood of immunised goats. He made a 4 per cent solution of the solid virus with the serum of immunised goats, injected this into guinea-pigs, and found that the animals survived even if 0.25 gramme of the solid virus were injected. The antitoxin is efficacious against both the fluid virus and the cultures of cholera bacilli. The blood of goats which have not been rendered immune has no effect at all. If simultaneous injections are made of virulent bacilli into the peritoneal cavity and antitoxin under the skin the animals survive; the same is the case when the serum is previously injected.

Intra-Abdominal Shortening of the Round Ligaments for Retro-Displacement of the Uterus.

Dr. Mann performs this operation as follows (Medical News):

A moderate-sized opening is made in the abdominal wall, and any adhesions that may bind down the uterus are broken up. The patient is then put in the Trendelenburg position, and a large, flat sponge is spread over the intestines. The uterus is pulled up and to one side so as to put the round ligament on the opposite side upon the stretch. The ligament is then seized with two long-handled hæmostatic forceps, the points of seizure dividing the ligament as nearly as possible into three equal portions. A needle threaded with silkworm gut is passed through the loop nearest to the abdominal wall, and under the point where the round ligament is inserted into the uterus, so as to include a considerable quantity of uterine tissue. The loop is then tied to the uterus. A second stitch is passed through the ligament just as it leaves the abdominal wall, and then through the loop in that portion of the ligament nearest to the uterus.

The ligature is tied and cut as before. The needle should penetrate the ligament so as to include about two-thirds of it, and so avoid the artery which runs just below the ligament. The same operation is repeated upon the opposite side, and the wound is closed as usual. The writer claims that this operation cannot primarily fail; that the ligaments can be shortened to any degree required. The uterus is then left in its natural position and supported by its normal ligaments. Should pregnancy occur the uterus is left free to move and to rise as may be required. There are no loops for intestines to enter, causing intestinal obstruction.

Anti-Tuberculous Serum.

Dr. Paquin (American Association Journal) maintains that horse blood serum may be rendered more antagonistic to tuberculosis than it naturally is. The author gives details of over twenty cases which he has treated with such serum. An increase of weight was noted. The cough and expectoration diminished, the appetite increased and the night sweats lessened. Even cases with large cavities showed improvement. The author maintains that the great prostrating debility first yields to the treatment. As to the preparation of the serum, healthy horses were taken and experimentally immunized against tuberculosis, the serum being obtained at intervals during immunization, and experimented with on animals. As to dosage, ten drops of the serum were injected into patients, and subsequently 30, 40, 60, or even more drops were used. No reaction was noted, and no accidents except in two cases a benign local abscess appeared. The author thinks that the future of the serotherapy of tubercle is a very promising one. The preparation of the serum needs of course skill and care. It takes months to obtain the most efficient serum.

Affections of the Heart Due to Influenza.

Dr. Warde in an article with the above title (Lancet) says: Judging from my own experience, the sum total of hearts damaged by this epidemic must be enormous—a truly alarming state of affairs, unless the damaged valves recover so as to show no trace of the mischief. Altogether I came across about twelve cases, all those of women excepting three. Women are specially liable, as also are young adults of both sexes. In some cases—possibly in most—a previous catarrh (or influenza) had existed before the occurrence of the actual symptoms for which I was summoned, but was not of such importance as to necessitate lying up. Probably the catarrh was influenza, the actual need for medical advice depending on the complications which followed in the lungs or heart or in both. In a few, possibly, the affection was developed at once.

In two cases the heart was dilated when first seen, the murmur

developing later. The cases are singular for their close resemblance. In all the aortic valves were at fault—in one, possibly, the mitral as well. A slow pulse was sometimes present as soon as the temperature was lower, varying in frequency from fifty to sixty-four, being large, sudden and bounding, but a full pulse rather than an empty one. A thrill was present on two occasions. The heart was dilated in all cases, the apex beat being felt in the normal interspace in the nipple line or just outside, with cardiac dullness extending often to the mid-sternum and even to the right border of the sternum. The dilatation several times disappeared or lessened at once, but remained in some. A double aortic murmur was present in one case; in the others there was systolic aortic murmur, usually heard well over the fourth and fifth cartilages near the sternum on the left side, but heard quite as well usually up the chest as far as the aortic area, and even into the right side of the neck, and the left, too, to a less extent. The apical murmur was usually absent or at least much subdued. Over the pulmonary area a murmur was usually present, but less marked. In one case only, so far, has the murmur gone with the lessening dilatation. Time hinders me from discussing the medical aspect of the subject; my knowledge, too, is very limited. My opinion, however, is that the changes are due to endarteritis and endocarditis. Many may suggest that the murmurs are purely hemic. The prognosis, so far, is unfavorable for complete recovery, but the future may prove this view to be incorrect.

Obesity and Linen Works.

Dr. Briquet d'Armentieres says (London Lancet) that the hands in the linen factories called *parcurs*, whose business it is to gum the throat used for weaving the linen, are very liable to obesity. Among two hundred and fifty, ninety were obese; among the other workers, only fifty to two hundred and fifty. This fact is startling, inasmuch as the *parcurs* undergo considerable fatigue in moving heavy rolls of goods and working in an over-heated atmosphere, which obliges them to be scantily clothed. Suffering from thirst, these hands drink considerably, but the recent researches of Debove and Robin cast doubt on the theory that drinking favors obesity, and at Brides obesity is treated by diaphoresis, which is the constant condition of the *parcurs*. The greater proportion of these hands are attacked with hypertrophy of the heart, and those who drink too much alcohol suffer from arterial sclerosis. It is rare that a *parcur* can work after fifty five or sixty years of age. Chronic nephritis and asystolism are the most frequent causes of death. Phthisis is observed between the ages of forty-five and fifty, its evolution generally extending over two or three years. The obese are attacked in the same proportion as the thin. The proportion is from four to five per cent. Acute pulmonary disease is rare among the *parcurs*.

Fresh Fruit in Chronic Dysentery.

Dr. De Butts (Lancet) draws attention to the value of certain sorts of fresh fruit in the treatment of chronic dysentery. As far as I know, none of the text books on the subject allude to this. From my own personal as well as professional experience I have found them of the greatest value. I may specify strawberries, grapes, figs, and, if they can be so classed, tomatoes, these being all seed fruits as distinguished from stone fruits. Of course they must be in absolutely good condition. For some years past I have made use of them largely in treating chronic dysentery and diarrhoea, with most happy results. I must own the idea is not original, but was impressed on me by the late Dr. Sausmarez Lacy, of Guernsey, who, I believe, had practiced this treatment for many years. As the season for invalids from the tropics has now commenced, the suggestion may be of use to those of my brother practitioners who find diet a difficulty in such cases.

Surgical Treatment for Cancer.

Prof. Roux writing on this subject says that the former teaching concerning constitutional cancer, the absence of antisepsis, and the fear of relapse discourages the most intrepid surgeons from attempting on malignant tumors any but insignificant and palliative operations. From the characteristics of cancer he admits that it is a parasitic disease resembling tuberculosis in its clinical evolution; it is necessary, therefore, to attack it with the same energy and promptness as the latter affection. Too often we operate too late, when it is impossible to prevent a relapse. This fact filled the earlier statistics and continues to darken the present ones. As soon as the diagnosis is assured we should intervene by the bloody method, always making a systematic and carefully detailed toilet of the ganglionic chain, even if it is healthy in appearance. That the principal cause of relapse is the late period at which we operate is proven by his personal observations upon three groups of cancer cases; those of the breast, the uterus, and the gastro-intestinal tube. The operable cases of cancer of the stomach reached 12 per cent., those inoperable, 88 per cent., a part of which were susceptible of palliative operation. The mortality from pylorotomy for cancer was from one-fifth to one-seventh. For cancer of the uterus there was 68 per cent. of the cases inoperable and 32 per cent. operable, only one-fourth of which were operable by the sacral method. The mortality from vaginal hysterectomy was 8 per cent. and from sacral hysterectomy 14 per cent. As regards cancer of the breast, for which intervention is most easy, he counts twelve absolutely inoperable cases, while in more than 50 per cent. of the cases it was possible to predict an early and fatal relapse. The mortality reached 5 per

cent.—that is to say, it was equivalent to the general mortality of all the operations. There is no doubt that early operations will prevent relapses, since in the deplorable conditions under which we now operate we actually have some cures. He cited at hazard cases of gastro-intestinal cancer of without apparent relapse for three years; cancers of the rectum without relapse after four years; a cancer of the uterus, which had invaded the vesical walls; a villous cancer of the kidney of extraordinarily difficult extirpation and without relapse for five years. He had removed the tongue in a case that had relapsed nine years after an operation by Dr. Kocker. Among his cases was one of survival for eleven years from cancerous goitre, and a cancer of the testicle that had not relapsed at the end of twelve years. Histological examination had left no doubt as to the nature of these tumors.

Diabetic Biscuits.

Dr. R. T. Williamson, writing in the Medical Times, says:

While making trials of a number of diabetic biscuits, I had one prepared which I think will be useful, especially in hospital practice, and for poor patients. These biscuits consist of a combination of aleuronat and cocoanut powder. Aleuronat is a flour (a yellowish powder) which contains eighty to ninety per cent. of carbohydrates. The preparation of diabetic food from aleuronat presents considerable difficulties, however. In order to use it for diabetic bread it is necessary to add a considerable amount of ordinary starch-containing flour, and the value of such bread is greatly diminished thereby. I find, however, that, by a simple combination of aleuronat and desiccated cocoanut powder, cakes can be very easily prepared. Cocoanut contains a large percentage of fatty matter (seventy per cent.); a small quantity of sugar is also present, but this can be almost entirely removed by fermentation.

For the preparation of these cakes, two ounces of desiccated cocoanut powder are mixed with a little water containing a small quantity of German yeast. The mass is then formed into a kind of paste, and this is kept for half an hour or longer in a warm place. The small amount of sugar contained in the cocoanut is almost entirely decomposed by the fermentation produced by the yeast, and the cocoanut paste becomes spongy. Two ounces of aleuronat, one egg beaten up, and a small quantity of water, in which a little saccharin has been dissolved, are now added to the cocoanut, and the whole well mixed until a dough is formed. This is divided into cakes, which are baked in a moderate oven for twenty or thirty minutes.

The cakes are most palatable when newly made. If they have been prepared more than twenty four hours, the taste is greatly improved if they are slightly warmed before the fire. They are also improved by be-

ing buttered. The advantages of these cakes are :

1. A diabetic patient can have them easily prepared at his own home.
2. If so prepared, they are cheap in comparison with most diabetic foods.
3. They are much more palatable than most diabetic cakes ; to many persons they are very palatable.
4. They contain a large quantity of vegetable albumin and fatty matter, and only a very small amount of carbohydrate. A solution of iodine gives no blue coloration with the cakes, and hence the starchy matter must be very small or practically absent. I think these cakes will be found useful as a bread substitute, especially for those diabetic patients whose diet ought to be rigid, that is, for cases of the milder forms of the disease. When given to diabetic patients in place of ordinary bread, of course a great diminution of the quantity of sugar excreted in the urine is observed.

Hysterectomy for Puerperal Fever.

Dr. Peterson read a paper before the American Medical Association, May, 1895, with the above title. The paper is full of interest. The following of which is an abstract. The author says :

In spite of the diminished mortality from puerperal sepsis brought about by the introduction of antiseptic and aseptic measures, many thousands of women die annually from puerperal septicæmia. Outside of the large maternities, where favorable results have been obtained on account of the perfect technique, there still exists a large amount of septic infection following abortion or labor at full term. If to this be added the sepsis arising from accidental and induced abortions, it will be seen that no effort should be spared to perfect all methods of treatment for the relief of this condition. A clear conception of the pathology and bacteriology in the birth canal is highly essential. Bumm describes two forms of endometritis: septic and putrid. The septic process may be localized and the germs shut off from the underlying tissues by a granulating zone, or this zone may be absent and the pyogenic cocci be found in the lymphatics leading to the peritonæum. In septic endometritis fetid lochial discharges may be absent. In putrid endometritis decomposed material and necrosis of the epithelial layer is present in the uterine cavity. The granulation zone is also present and acts as a barrier to the penetration of germs and their products. The putrefactive focus within the uterus favors a development of toxins whose absorption into the blood causes sapræmia. Cases of puerperal sepsis may be divided into two classes; (1) where general infection predominates, and (2) when localized inflammatory deposits are present. The second class offers the best results from operative interfer-

ence because the products of inflammation are shut off from the general peritoneal cavity, and the surgical treatment of localized abscesses is followed as a rule by good results. When the broad ligaments are involved in septic absorption, true pelvic cellulitis and abscesses result. When there is a general purulent peritonitis resulting from absorption of germs, it usually proves rapidly fatal. All collections of pus in the adnexa or cellula tissue should be evacuated with the least possible delay, either by way of the vagina or by abdominal incision. Can surgery prove of any avail in the other class of cases where absorption is taking place from the interior of the uterus, by way of the lymphatics with a resulting general infection?

The cases of general infection are of two kinds: (1) when the veins and lymphatics at the placental site are loaded with germs, and (2) when the presence of the granulating zone impedes the further penetration of the cocci. In both the symptoms are those of general septic absorption. A dull curette should be used in intra-uterine treatment, to preserve the granulating zone. The treatment of these septic cases must be rigorous and thorough; the source of infection must be removed at once. Since differentiation of these two classes is almost impossible, the use of the dull curette and packing should be employed in all cases. The main diagnostic symptoms are high fever, rapid pulse, possibly chills and the history of the case. If curetting and packing with gauze afford no relief within twelve or eighteen hours, the only resort is removal of the uterus. If this be done early enough the patient may live. This radical procedure is not more radical than the disease is fatal, if allowed to proceed unchecked. The removal of the source of the infection, if taken at an early stage, will be the means of diminishing the mortality of the cases. The more skilled the surgeon becomes in diagnosis and the more expeditious the treatment, the better will be the results obtained.

Resuscitation After Electric Shocks.

The vexed question as to whether a person presumably dead from an electric shock can be resuscitated appears to be by no means satisfactorily solved, opinion being singularly divided upon the subject. We now have it on the authority of Dr. Duncan, that although a severe electric shock suspends animation it does not kill a man unless his nerve centres are destroyed or injured. Another authority states that experts have never been able to discover any visible injury to the nerve centres or nerves of a man who has suffered capital punishment, or electrocution. Certainly the possibility of restoring life to a man struck by lightning or by contact with a live wire is the really valuable feature of the experiments that are now being carried on. Respiration is controlled by a nerve centre lying at the base of the brain. If this nerve centre is injured, or the con-

nection between it and the lungs, the man cannot possibly be restored to life. But if not—and the post mortems of persons who have suffered capital punishment show that usually this nerve centre is not injured—then the man can be brought to life. The process of restoration, according to the same authority, is simply to take the person who has received the electric shock in time, and start artificial respiration. As soon as the blood begins to flow out again into the arteries the respiratory nerve centre will start to work, the lungs will act without artificial aid, and the vital spark will again be apparent.

Removing the Ovaries for Hysteria.

Dr. De La Tourette (Archives of Gynecology) strongly opposes the practice of removing the ovaries for hysteria. The modern idea that the ovary is the seat of that neurosis is as silly and mischievous as the ancient theory that hysteria arose from the wound. Clitoridectomy was odious and unscientific, but did not kill. 1872 was an evil year. Hegar and Battey both performed oophorectomy for hysterical dysmenorrhæa; Battey's case recovered. Hegar's patient dying "headed the long martyrology of hysterical patients condemned to castration and later to hysterectomy." Charcot especially condemns this unscientific and dangerous operation. He categorically denies the existence of a "genital hysteria;" he even declares that there is no such thing as hysteria, hysterio-epilepsy or epilepsy "of menstrual origin." The catamenia are deranged as a result of the neurosis which they cannot cause. He has never seen a case where the operation could be justified. He has seen many where it had been performed, and the women remained hysterical as before. They had the extra worry caused by knowing that they had lost their ovaries which they could never get back again. Castration for hysteria in the female is as unjustifiable as it would be in the rare cases where hysteria with pain in the testes and scrotum exists in men.

Transmission of Syphilis.

Dr. Denslow Lewis, of Chicago, in a clinical lecture on the relationship of syphilis to pregnancy, the puerperal state and the newborn infant, reiterates the opinion of Mercur, who believes that semen cannot transmit syphilis. In his opinion, "hereditary syphilis is unquestionably due to syphilis of the mother and never to any other cause, the infection occurring through the placental circulation. It is questionable if it can ever pass directly from the ovary to the ovule." While all syphilitic infants are infected *in utero* from the mother alone, yet it does not follow that all infants born of syphilitic mothers are necessarily syphilitic; they may escape infection even though the mother be apparently permeated with the disease. The question of susceptibility may apply here as elsewhere.

Congenital Constipation.

Prof. Marfan in a clinical lecture on constipation in infants, discusses at some length the so-called congenital or anatomical constipation associated with undue length of the colon and folding of the S curve the sigmoid is thrown into several folds, which may be variously disposed. He quotes from the *Thèse* of Bourcart a classification into three types—ascending, transverse and descending. Of these the commonest is the ascending type, in which the colon after entering the pelvis and passing across it near the middle turns sharp upon itself and ascends out of the pelvis again before descending once more to open into the rectum. This anatomical peculiarity favors delay of fæces in this part of the intestine with consequent absorption of fluid, and the formation of hard large masses difficult of expulsion. The stools are firm or pasty, or dry solid balls, sometimes streaked with blood, an indication of excoriation of the anus. When there has been no stool for several days there may be a good deal of flatulent distension, which causes discomfort, but pain is not a prominent symptom. By palpation the mass of fæces may be felt, generally in the left iliac fossa. Occasionally the efforts which the child makes appear to determine the production of hernia, most commonly of the umbilicus, and also prolapsus ani. A convulsion may occur at the time of expulsion of a large mass of fæces. Anal fissures are liable to be produced by the passage of these large masses; and when not seen exteriorly their presence may be suspected if the child cries much and ceases to make effort, or if the solid fæces are streaked with blood. The coprostasis may lead to colitis—simple mucus or ulcerative. Marfan believes that the cases of so-called congenital dilatation of the colon, of which a few instances have been described, are really secondary to prolonged coprostasis due to this congenital peculiarity of the sigmoid. As to treatment, he thinks that something might be done by attending to diet, and especially by using sugar water to dilute the milk. If in children at the breast there is reason to believe that the milk is deficient in sugar it is well to give the child a small quantity of weakened water before suckling. Laxatives and purgatives are not to be recommended. The best treatment is injections of tepid water, of water with a little sea salt gr. j to ʒj) or with glycerine (ʒss in ʒvj), or of oil. He prefers the last named, ʒj of oil in emulsion with the yellow of an egg in about ʒviij of water. He uses a long soft tube, which he says usually passes easily after a small quantity of the injection has been introduced. He sees no objection to giving the injections daily or even oftener; though there may be some prejudice to overcome before the nurse can be induced to do this. Injections may sometimes be replaced by suppositories; for this purpose he uses a hollow suppository of cocoa butter containing about 8 grains of glycerine and a little soap. In older children a small quantity of aloes

(gr. $\frac{1}{4}$) or calomel (gr. $\frac{1}{3}$) may be added, but in infants these drugs should be avoided. Massage of the abdomen along the course of the colon may also be of use. When a case is seen presenting signs of obstruction the best treatment is to wash out the stomach, and then to endeavor to remove the hard masses from the rectum with the finger or a spoon. Electricity may also succeed in cases of obstruction, and the author relates one case in point. Occasionally faradisation may succeed; one electrode in the rectum and the other moved about over the course of the colon. If the continuous current be used the strength ought not to exceed 15 to 20 milliamperes. The positive pole should be in the rectum at first for five minutes, and the current then reversed and interrupted subsequently every twenty seconds for another five minutes.

Massage.

Hertzsch (Transactions Edinburgh Medical Society) relates his experience with this method of treatment. Within proper limits it proves of great service and renders many an operation unnecessary. In the treatment of mobile retroflexion the employment of a pessary is advisable, particularly in those cases in which the pessary retains the uterus in good position, but the wearing of which gives pain unless preceded by massage. The cases of fixed retroflexion form the special field for Thure Brandt's method. In this class of cases it is of much greater value than Schultz's method, which is not free from danger, as the author was in a position to observe on doing a coeliotomy of a case thus treated. The pains often arising from inflamed ovaries can frequently be allayed by massage. The same may be said of the pains due to pyosalpinx. It is true it does diminish the tumor, but under a prolonged course of treatment the pus *inspissates* and the patients are freed from their symptoms. The author has obtained good results in parametric exudates, and also in two cases of coccygodynia.

Collective Investigation on Anaesthetics.

Gurlt, of Berlin, states that the collective investigation has now been going on for five years. This year 52,677 new cases were reported, of which 31,803 were chloroform narcosis, with 23 deaths, and 15,712 were ether narcosis, with 5 deaths. In 2,148 cases narcosis was produced by a mixture of chloroform and ether, in 1,554 by the so-called Billroth mixture, in 1,415 by ethyl bromide, and in 34 by pental. The use of ether has much increased. The mortality from chloroform seems to be much greater than that from ether, but very often grave disorders of the respiratory organs, such as pneumonia and bronchitis, result from the inhalation of ether, and death from those complications ought to be regarded as equivalent to death under anaesthetics. Ether was especially harmful after laparotomy.

Treatment of Croup by Calomel.

Dr. Fruitnight has reported brilliant results in the treatment of laryngeal stenosis or obstruction, in cases of croup, by the sublimation of calomel.

The indications for its employment are : When there is a recession of the suprasternal notch, a retraction of the infrathoracic walls, stridulous breathing, hoarseness of the voice or aphonia at times, and lividity of the surface resulting from the deficient oxygenation of the blood. The presence of all or a major part of those symptoms should prompt us to employ this treatment. The medicine may be administered in doses ranging from five to twenty grains, repeated at intervals varying from one half to two to three hours, according to the urgency of the symptoms. The average dose is fifteen grains repeated hourly. The author is accustomed to keep the patient in the vapor saturated atmosphere for a period varying from ten minutes to half an hour. This is usually continued from one to ten days. The evil consequences to be guarded against are salivation, diarrhoea and especially depression and prostration accompanied by anæmia. By watching the symptoms and by the administration of stimulants and nutrients, these dangers may be avoided.

It is important to practice calomel sublimation after intubation, for the intubation is merely a palliative remedy while the disease is still active and progressive.

In the method of application of this remedy, the chief principle is that the vapor must not be dissipated throughout a large extent of atmosphere. An enclosure may be constructed of a sheet, placed about the patient to resemble a tent. Apparatus for the sublimation of calomel can be obtained at the apothecary or instrument shops, or the physician can devise one for himself.

Slight Amounts of Albuminuria.

Dr. Poore in an article on this subject concludes that the discovery of even a small amount of unsuspected albumen by the acid test of boiled acid urine should lead the physician to re-examine the patient carefully, to be sure that some of the concomitants of such a condition have not been overlooked. A trifling hypertrophy of the heart, slight pallor, deficient body weight, slight increase of the tension of the pulse, ever so slight a puffiness around the ankles, tongue slightly furred or slightly tremulous, a florid complexion or other evidences of an old and perhaps forgotten syphilis, at once assumes a serious importance. If, after repeated examinations of the urine, the albuminuria is found slight and temporary, the patient otherwise looking strong and hearty, with no suspicion of intemperance and with no flaws in the family history, the prognosis is good.

If the albuminuria is slight and permanent, the prognosis is grave in the majority of cases. When much albumen is continually found in the urine, the patient is in imminent danger, though Dr. Poore has had one such case in which the patient lived for twenty-six years. It should not be forgotten that albumen may be temporarily present in the urine of persons who afford no reliable evidence of kidney disease. In such cases it is the result of various disturbances, such as cold bathing, excessive exercises, injudicious diet, sexual excess, menstruation, leucorrhœa, and other causes.

Cinnamon for Cancer.

The Pacific Record, for June, contains a very interesting article with the above heading from the pen of Dr. Ross, in which he gives the results of some experiments he has undertaken on the above subject. He states that while carefully guarding himself from saying anything that would suggest that cinnamon should be regarded as a so-called specific in cancer, yet he has invariably found that where pain was present it ceased, that fetor disappeared, that the general health invariably improved after using the drug. The best results have, on the whole, been obtained where the tumor was cut off from the air by being situated either in the stomach, the rectum, the uterus or the mamma, where the superjacent skin and covering of the nipple were intact. Dr. Ross then gives particulars of five cases which were under the cinnamon treatment, in each of which marked improvement ensued. The preparation of cinnamon employed was a strong decoction, made by taking one pound of Ceylon sticks and boiling slowly in a closed vessel for eight hours in three pints of water till the water is reduced to one pint, pouring off without straining. The mixture should be shaken up before taking each dose; patient to drink half a pint every twenty-four hours, the half pint to be divided into such doses as best suit the patient.

Action of Antipyrin on the Central Nervous System.

Drs. Langlois & Guibaud (Lancet) says: By graduating doses on animals whose spinal cord had been divided below the medulla oblongata, could distinguish several stages of poisoning: (1) A cerebral stage in which clonic epileptiform convulsions, while the trunk is attacked with one or more tonic spasms (opisthotonos); (3) a cerebral stage with spinal hyper-irritability, in which the shocks caused by the clonic convulsions of the head set up violent reflex movements of the body, comparable to the spasms of strychnine poisoning; (4) the reflexes of the head disappear at the same time of those of the trunk. Antipyrin has, then, an eclectic action in the higher centres, and this explains why its sedative action is more marked in head affections than in spinal.

Treatment of Gastro-Intestinal Diseases in Infants.

Dr. Kunkler says (Clinical Journal) that it frequently happens that astringents, even when strongly indicated by the condition of the bowels must be abandoned because of the gastric irritation to which they give rise, impairing the appetite and digestion, and thus contributing to the already reduced nutrition of the patient. Tannigen is free from these disadvantages, for, as it is not decomposed in the stomach, it is entirely devoid of irritating effects upon the gastric mucus membrane, and for the same reason exerts its full astringent action in the intestinal canal. The author has used it largely in the wards of Dr. Schultze at Bonn, especially among children. It was administered to children under one year in doses from 10 to 20 centigrammes, three or four times daily, and to older children and adults in doses of from 15 to 50 centigrammes, repeated several times in the twenty-four hours. The results of the treatment were excellent, the diarrhœa and other gastro-intestinal disturbances rapidly ceased, even in cases which had resisted administration of calomel, naphthalene and bismuth.

The Connection Between Gonorrhœal Rheumatism and Hereditary Gout.

Dr. Jonathan Hutchinson holds it to be a very important fact in the history of Gonorrhœal Rheumatism that its subjects are almost always members of families in which there is a history of gout. He says:

In my own experience this is usually very definite; I scarcely remember to have ever seen a definite exception to the rule. Many persons, especially the young, will on a first inquiry as to the history of gout repudiate it altogether, and it is necessary to be very patient in making inquiries in order to avoid error. It has often happened to me that a person who at the first visit had denied such history, subsequently made a correction of his statement as a result of family inquiry.

I am aware that there is room for fallacy in the fact that, if inquiry be sufficiently wide, some history of gout may be elicited in a considerable proportion of middle-class families. The evidence to which I trust, however, in making the statement that gonorrhœal rheumatism is usually an appanage of the gout-diathesis is much too direct and too strong to be explained in this way. Usually one of the parents or grand-parents has suffered from actual podagra.

The most recent illustration of this statement which has come under my observation is that of a gentleman named Herbert D—, æt. 22. His father had suffered severely from true gout; the patient himself had led a very free life almost from boyhood, and had had several attacks of gonorrhœa. He considered himself extremely susceptible to it, and said that in every attack rheumatism had been the consequence. When he

consulted me he was suffering from chronic gonorrhœa, and was threatened with an ulcer in connection with one of the follicles of the urethra. He was wearing a slipper on account of swelling and tenderness in his left tarsus, and his left knee and wrist were also swollen. His attacks of rheumatism, although very painful, had never persisted very long, nor had they resulted in any crippling. The longest attack, he thought, had been about two months.

In the early part of last June I saw at his home a man of thirty-two, who was confined to bed with effusion into several joints. One ankle, one knee, and one sterno-clavicular joint were affected, and were much swollen. Very exceptionally the synovitis had been almost painless. His temperature had not been higher than 99.4. He had been suffering from gonorrhœa for about three weeks, and the discharge had pretty well subsided. The history was that his mother had suffered from true gout. The patient was thin and weak, and, in addition to the gout, there was phthisis in the family. In addition to the synovitis, there were painless swellings over two ribs.

Endocardial Lesions in Tuberculosis.

Dr. Biondi (*British Medical Journal*) in an article with the above title refers to the tuberculous endocarditis recently described, especially by French writers. The evidence as to its being really tuberculous is still in question. The author has examined cardiac vegetations from eleven cases of tuberculosis. The vegetations were of varied structure. In some cases they were made up of a homogeneous material or of slightly granular masses intersected by fibrin fibrils. Sometimes spaces were seen filled with red and white blood cells. In some instances there were large cells at the base of the vegetation, but in no case was the structure like that of tubercle. The bacteriological examination never revealed tubercle bacilli either at the periphery or in the centre of the vegetation. In three cases cocci were found. Thus the vegetation consisted of a hyaline thrombus more or less converted into new tissue. Any idea of a tuberculosis of the endocardium could not be entertained. In no case was the endocarditis due to a secondary infection. The presence of cocci in the periphery of the vegetation was, in the author's opinion, a chance find, nor does he think that there was any question of a past infective endocarditis. He would assign to the endocarditis a similar nature to that described by Ziegler, namely, an alteration in the endothelium of the endocardium, owing to which blood plates accumulate and become attached together to form a hyaline thrombus. Fibrin is deposited and red and white blood cells are included. The slight changes in the endothelium necessary to the formation of a thrombus are easily understood in exhausting illnesses such as tuberculosis. The failing nutrition in tuberculosis and the pres-

ence of toxins in the blood cannot be a matter of indifference to the endocardium. A true tuberculous endocarditis is at any rate not as common as has been thought.

Infection From the Intestine.

Posner & Lewin (Lancet) records their investigations regarding the escape from the intestine, through slight changes in its lining, of intestinal bacteria, and the demonstration that these only cause peritonitis when conditions are favorable for their growth (*c. g.*, extravasation of blood), and that usually they are rapidly taken up from the peritoneum and distributed throughout the body. It was also found that the bacteria in the intestine may extend by continuity or contiguity to other structures and cause disease processes, as in cholangioitis, purulent hepatitis, etc. They refer to the finding by Sittmann of the *Bacillus coli communis* in the living blood in cases of general infection from the intestine; and report some infections which demonstrate that the urinary tract may become infected by intestinal bacteria through the circulation, contrary to the teaching of Guyon in 1892. In their experiments it was found that in from eighteen to twenty-four hours after ligating the rectum of rabbits the *Bacillus coli communis* was present in the peritoneum, heart-blood, kidneys, urine, etc. That the bacilli do not reach the kidney by first penetrating from the peritoneum directly to the bladder and then travelling upward, was shown by ligating one ureter and then causing an obstruction of the rectum; the colon bacillus appeared promptly in the kidney whose ureter had been ligated.

To what degree these results are to be applied to human pathology, is left to be decided in the future.

Conservative Treatment of Pelvic Inflammation.

Doleris in his latest reports on this subject defends the conservative treatment of chronic pelvic inflammatory diseases. He insists that removal of appendages and hysterectomy are only justifiable in very chronic cases. No active steps should be taken when painful or subacute parametritis is present. Operations should be undertaken soon after the catamenial period. Neurotic patients must be handled with caution. They show symptoms which mislead the observer, such as great pain with trifling lesions or little pain when there is extensive disease. As to the alleged intolerance of a patient's system to prolonged therapeutical treatment, the surgeon, however conscientious, is apt to fear complications which are improbable in any one case, especially if the patient be kept out of harm's way by her medical adviser. The patient herself is usually quite content to wait. Doleris believes that dilatation of the cervix, drain-

age, and the use of the curette are sufficient to cure a majority of cases of chronic disease of the appendages which most authorities would doom to removal of the diseased organs. The precautions above given apply to this conservative, as they do to operative, treatment. Indeed, in one case cited by operators as an instance of the danger of the conservative method, the curette was used when posterior parametritis existed. Bad symptoms followed and the appendages were removed, and not till after the addominal section did the patient die.

Paralysis Following Tonsilitis.

Bourges describes the following case: "A child, aged 7, was attacked with sore throat, pyrexia, etc. There was no membrane, and the illness subsided in twenty-four hours. About a fortnight later he was again attacked, and this time distinct false membrane appeared on the fauces, but not for three days was there any lividity of the neighboring parts. The glands in the neck were swollen. There was no albuminuria. A few days later the mother, who had constantly nursed the child, was also attacked with sore throat, and membrane formed on the right tonsil. The membrane in each case was examined, cultures made, and mice inoculated. None of these showed the Loeffler bacilli. Various streptococci and staphylococci were found, and some small bacilli staining Graham's method. About six weeks from the last attack of sore throat the child developed convergent strabismus, paralysis of the soft palate, loss of power in the limbs, and general weakness."

This case supports the statement that paralysis similar to that following diphtheria may arise subsequently to other forms of sore throat.

Large doses of potassium iodid (Philadelphia Polyclinic) against which so many patients rebel, can be readily administered, and are easily borne, if diluted by soda water instead of unmedicated water. A patient now under Dr. Hansell's treatment for acute iritis of the left eye, complicated with acute optic neuritis of the right eye, complained of disgust and nausea whenever she attempted to take twenty drops of the saturated solution of potassium iodide, even when largely diluted. Syphon soda water being substituted as a menstruum the dose was increased to two hundred drops daily, with perfect satisfaction.

Dr. Hunter Maguire, Professor of Surgery in the College of Physicians and Surgeons, Richmond, heartily disapproves of the statement that a man who has had gonorrhœa never gets well; and as for the assertion that this man should never marry—it is preposterous. He has seen thousands of cases get well and remain so. And he might have added: And subsequently had many children.—*Ex.*

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Mention Charlotte Medical Journal.

Pneumococcus Infection in Erysipelas.

Rogers (British Medical Journal) found that in 10 cases of erysipelas a distant lesion apparently due to the same exciting cause as the erysipelas was really brought about by a secondary infection with the pneumococcus. In 6 of these cases the secondary lesion implicated the lungs, in 1 the lungs and peritoneum, and in 3 the meninges, either exclusively or predominantly. In the pulmonary complication it would have been impossible to determine the nature of the process except by bacteriological examination. In the case of a woman, aged 70, the pneumonia occurred during convalescence. The disease was fatal in 3 of the 6 cases. In 3 of the 6 cases the pneumonia was secondary to facial erysipelas, in the remaining 3 the leg was affected. In the case of combined pneumonia and peritonitis, and also in those of meningitis the erysipelas was of the facial type. The onset of this pneumonia is insidious, the course rapid and mostly fatal. The temperature curve is little altered. The lesion is a broncho-pneumonia. In the cases which recovered the pneumococcus was found in the sputum, in the fatal cases in the blood and organs. In two of the latter the streptococcus was also present, but in small numbers and only yielding a few colonies on cultivation. The pneumococcus was shown by experiment to be virulent. The symptoms of meningitis may be sufficiently distinct to lead to its recognition, but sometimes they are masked, revealing themselves only by delirium, paralysis of the sphincters, etc. In 2 of the 3 cases of meningitis the streptococcus was present, but also in small numbers. The author thinks that streptococcus broncho-pneumonia is rare in erysipelas. Clinical investigation cannot differentiate the different forms of meningitis, but as regards the morbid anatomy the pneumococcus gives rise to a more fibrinous and thick exudation, less rich in leucocytes (namely a dry fibrinous meningitis), whereas the streptococcus produces a serous or purulent meningitis; only bacteriological examination can provide certain proof. Perhaps erysipelas favours the invasion of the pneumococcus frequently present in the mouth, owing to the debilitated state of the patient. Perhaps also the microbic association may account for the peculiar evolution of these pneumonias.

A Dispensary for the Long Island College Hospital.

The memory of the late Henry D. Polhemus is to be perpetuated by the erection of a dispensary building in connection with the Long Island College Hospital in Brooklyn. It will be the gift of Mr. Polhemus's widow, who has purchased three city lots for the purpose. The building will be five stories high, and will be known as the Polhemus Memorial Dispensary. The estimated cost of the structure, with its furnishings, is \$250,000, and in addition to this Mrs. Polhemus will present the dispensary with an endowment fund of \$250,000 for its maintenance.

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Iodoform Injections in Joint Disease.

Ferraro (Lancet) reports the case of a man, aged 37, who after a long walk first noticed pains in the right knee, which was uniformly enlarged, red, and tender, and contained fluid. The joint was incised, and a considerable quantity of flaky pus let out. Two or three weeks after this, during which time the joint went on well, a small abscess formed in the upper third of the tibia; this was scraped. A similar purulent focus also appeared in the shaft of the tibia. The knee-joint became worse. The author then tried endo-articular injections of iodoform emulsion in sterilized glycerine (1-10) at intervals of twenty to twenty-five days. After each injection there was fever of maximum grade on the second or third day. The tubercle bacillus was found in the joint secretion. Slight improvement followed the injections, which were used five times, but, the patient not being satisfied, resection of the joint was finally done. It was then seen that the cavity was full of a mass of adipo-muco-fibrous connective tissue, the caseous substance being almost all gone, the osteitic foci cured or in process of cure, and the tuberculous nodules undergoing fibrous change. No bacilli were now to be found. Probably the iodoform acts by exciting a reactive inflammatory process, with formation of new connective tissue.

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Uræmic Pericarditis.

Dissy (Lancet) reports the case of a man, aged 68, who died of uræmia. At the necropsy there was found slight increase in pericardial fluid, which was opaque from contained cells and small fibrinous floccules. Both layers of the pericardium had lost their smooth glistening appearance, and presented small reddish points covered here and there with a layer of fibrinous material. The heart was hypertrophied, especially the left ventricle. No valvular lesion but the aorta and coronary arteries were atheromatous. Small white granular kidney with signs of extensive arterio-sclerosis. Bacteriological examination of the pericardial fluid was negative. No micro-organism was found by any of the various methods employed. Banti calls these non-bacterial cases of pericarditis uræmic; he has collected five other similar cases, and supposes that they arise from the effect of some one of the poisons circulating in the blood in the uræmic condition.

CHARLOTTE, N. C., June 6, 1895.

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Clas. Stedman Bull (Annals of Ophthalmology and Otology) discusses various affections of the eyes which have been observed accompanying la grippe or which so frequently follow the disease as to be considered sequela. Of these the most important is septic choroditis or irido-choriditis since its usual result is blindness.

In discussing its causation by la grippe, the writer starts out with the generally recognised assertion that influenza is an infectious disease in which capillary thrombosis has often been observed, also that in many cases there is a strong tendency to hemorrhage in various regions of the body, and he assumes that the suppurative inflammation in the internal ocular structures is due to the formation of a septic thrombus or embolus. Jaccourd is quoted as advancing the theory that the numerous microbes of the conjunctiva, inoffensive in health, become noxious by the invasion of la grippe, and the writer makes use of this theory in explaining the occurrence of the severe attacks of purulent ophthalmia which so frequently accompany the disease.

Various affections of the ocular nervous apparatus complicating or accompanying la grippe receive consideration. The most prominent one of these is paralysis of the focusing muscle. In this, as well as in paralysis of the recti muscles, the toxic agent of influenza resembles that of diphtheria.

Affections of the retina and optic nerve, the writer states, have been found to be almost as frequent as paralysis of the muscles, and he divides them into two classes: those which accompany the disease and those coming on several weeks after the onset of the attack, the latter class being the most obstinate.

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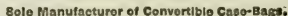
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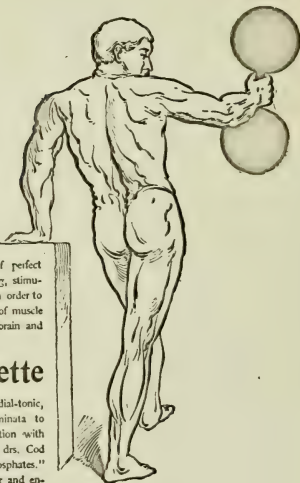
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In the "New York Medical Journal," March 30, 1895, Dr. HUGO ENGEL, of Philadelphia, in an article entitled "The Therapeutic Effects of Betanaphthol-Bismuth," arrives at the following conclusions: "Betanaphthol-Bismuth far surpasses in effect the older preparations of Bismuth. In my opinion, if I may draw a conclusion from the cases under my charge, the Betanaphthol-Bismuth is the most reliable intestinal disinfectant that we possess to-day, and combines with its antiseptic action an astringent effect. It can be given with impunity in doses large enough and for a sufficient length of time to achieve our purpose—the cure of diseases due to the presence of infectious material in the alimentary canal; and it may be employed in infants as well as in adults."

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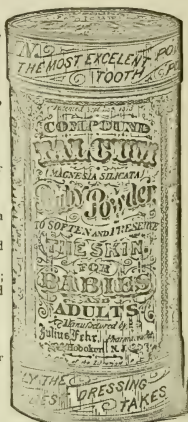
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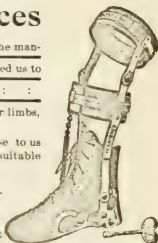
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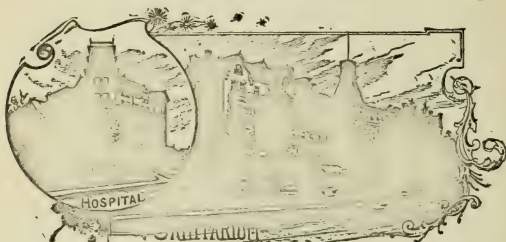
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The Charlotte Medical Journal.

VOL. VII. CHARLOTTE, N. C., SEPTEMBER, 1895. No. 3.

Pilocarpine.

By JOHN H. POOL, M. D., South Mills, N. C.

Written for the Charlotte Medical Journal.

The consideration of this valuable alkaloid demands the attention of the profession to a greater extent than it has heretofore received, especially at the hands of North Carolina doctors, judging from the few articles upon it and the few allusions made to it by the medical press of the State, and in looking over my files of North Carolina journals, from 1859 to the present time, I find very little written about it. The excellent article, in May, 1895, (THE CHARLOTTE MEDICAL JOURNAL,) by Dr. G. Walter Barr, of Keokuk, Iowa, and copied by *The Daily Lancet*, of Philadelphia, is the fullest of any that I have seen in them.

Country doctors have not the time nor the means to devote to original research; laboratory experiments to substantiate some pet theory; a microscopical search after some unknown and unheard of microbe; a *post mortem* examination to discover some pathological condition hitherto unknown; these researches are outside of their field of labor and they are willing, in the main, to be followers rather than leaders in such investigations. Quick to discover a clinical fact and always on the alert to detect a new application of an old remedy, they want and appreciate practical ideas and bed-side truths. With these needs of the busy practitioner before me, I come with my mite to add to the storehouse of practical experience.

The following facts in regard to jaborandi and its alkaloid, pilocarpine, have been gathered mainly by personal experience, and I trust, may be of some use to my confreres.

Pilocarpus pennatifolius an expectorant; deobstruent; diaphoretic, and sialagogue and galactificient. It also increases the bronchial, lachrymal and nasal secretions and decreases temperature. Administered on an empty stomach, it is apt to produce nausea and vomiting. Its action upon the pulse is similar to that of atropine, though it is diametrically opposed to it on the salivary, sudoral and mammary secretions. Atropine and pilocarpine are true physiological antagonists. It is borne by children better than by adults; this fact should always be kept in view by the physician. The two alkaloids of jaborandi are pilocarpine and jaborine, and are said to be "as antagonistic therapeutically as it is possible for two

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Pilocarpine.

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medicines to be." (Shaller). I have never used the latter and hence can say nothing concerning it. Dr. Shaller says that when a preparation of jaborandi fails to produce copious sweating, salivation and lachrymation, the article contains a superabundance of jaborine and should be discarded.

Subcutaneously, pilocarpine produces, usually in five minutes, and if given in large doses, vertigo, flushing of the face, neck and breast, which is followed by pallor, and profuse sweating; saliva flows from the mouth and the subject is sometimes blinded by the flow of tears. The pulse rate rapidly increases; the pupils are contracted; the blood-pressure is lowered, and the temperature falls.

In 1876 the writer, just about the time he was leaving a patient to whom he was administering jaborandi, took one drachm of the fluid extract of Sharpe & Dohme's preparation. Before he had ridden one mile the face, neck and breast became bathed in perspiration so copiously that it dripped from his forehead, the mouth had to be held open to allow the escape of saliva, which flowed in a stream to the ground; his eyes became blinded with tears, so that his horse had to be stopped, and he presented a pitiable spectacle. The effects lasted three or four hours, leaving the experimenter chilly and exhausted.

As a result of the cutaneous and glandular effects of pilocarpine, the subject is left with a depressed heart's action; a lowered temperature, resulting in chilliness, fatigue, drowsiness, great weakness and general depression. These facts should be prominent in the mind of the physician when administering pilocarpine to weak and delicate patients. The effect of the drug upon the lungs sometimes bring about serious results. Bronchial mucus is formed in such large quantities that the lungs, if in a pathological condition, are greatly embarrassed in their efforts to expell it, and sometimes fail to do so, and death follows. (Shaller). In such cases the remedy is contra-indicated, as also where there is a rapid and feeble pulse, where the heart has lost its force and tone. If necessary to administer it under such circumstances it should be guarded by digitalis, strophanthine and strychnine, exercising great care and discretion.

The action of pilocarpine upon the glandular system, skin, &c., indicate its use in ascitis, anasarca, hydro-thorax, hydro-pericardium, &c. When there is oppression of the system by dropsy, and other conditions are favorable to its use, it offers the best and most prompt relief, eliminating from the body from two to six pints of fluid.

Dr. Edward Kurtz reports a case of emphysema and "degeneration of the heart" in which he employed pilocarpine with excellent results. The œdema affected both the upper and lower limbs, and the heart's tone was muffled and its action irregular. Digitalis and other remedies were tried without avail, and the condition of the patient very uncomfortable, especially on account of the dyspnœa. He used "a syringe full" of a two per cent. solution of pilocarpine hypodermically and in ten minutes its

specific effects began to appear. The skin was moist and soft, the salivation very considerable. In two hours the patient expectorated a large bowlful of fluid, resulting in a diminution of the œdema and dyspnoea. There was no giddiness, headache or faintness manifested. The remedy was used at intervals for some days and the œdema was greatly reduced, the breathing became much easier and the patient felt far more comfortable.

A case of scarlatinal dropsy came under the observation of the writer in a boy of six years of age. At the expiration of two weeks dropsy set in. Diuretics were given but seemed to hold the disease only in check. After a day or two the diuretics lost their effect and the patient became terribly œdematous with sensations of chilliness and great nausea. No urine had been passed in a day and night, though the bladder was not much distended. Pupils dilated and immovable. A hypodermic of pilocarpine, gr. $\frac{1}{20}$, was administered, and in two hours the skin was moist with profuse salivation and lachrymation. During the night the urine began to flow, the skin and salivary glands continuing to act. The conjunctivæ were free from congestion and the swelling greatly reduced. Under this treatment, combined with nutritious food, stimulants, tincture of the muriate of iron and bitartrate of potash, the patient made a speedy recovery.

In anasarca the remedy will often relieve the oppression caused by the swelling even if it does not cure the disease, and is often a valuable adjunct to other treatment.

In 1891 I was called to see a woman surrounded by every mark of extreme poverty. Food, raiment and shelter of the poorest kind. A drunken husband, a houseful of sallow, ill-fed children and suffering from a neglected case of malarial fever. She had extreme anasarca, almost exsanguinous, great dyspnoea and hæmoptysis. At the time my hypodermic case was empty of pilocarpine and I gave her an ounce of fluid extract jaborandi and directed a teaspoonful to be given every two or three hours until effect. I left this patient with little hope of improvement, but under the jaborandi and other appropriate treatment she recovered and is now bringing forth other progeny of the kind described above. Under the jaborandi the skin, kidneys and salivary glands acted promptly, and the anasarca, dyspnoea and hæmoptysis was quickly relieved.

In 1877 I reported a case of diabetes mellitus to the *Virginia Medical Monthly*, greatly relieved by jaborandi. The case was that of a man, aged 29 years, with skin hard and dry; bowels constipated and feces solid and free from moisture; tongue, dry, parched and sticky; thirst, inordinate and insatiable; appetite, keen; urine transparent, of a pale straw or greenish tint, and emitting an odor like mellow apples or new-mown hay. Sp. gr. 1040; quantity voided, 17 to 20 pints in 24 hours, and leaving white spots of diabetic sugar whenever sprinkled on pants, and attracting large numbers of flies when allowed to stand any length of time in the chamber.

The patient also complained of a feeling of emptiness of the stomach, great debility, chilliness of extremities, an aching sense of weariness in the loins and legs, and considerable ENNUI; an uneasiness in the stomach after meals; flatulence and acid eructations; dimness of vision; redness of the gums and mouth, and peevish temper. After three months of unsuccessful treatment, I put him on fluid extract of jaborandi in drachm doses *ter in die* which kept up the diaphoresis and salivation from one dose to the other. I, of course, restricted his diet and used tonics. This treatment continued from February 11th until August 28th, 1877, when I reported him as well as ever. I then asked the question, "is he cured, or is the disease only held in abeyance by the treatment, continued in a modified degree to the present time (August 27th, 1877)?" I can now answer the question and say that the disease was only held in abeyance, for the patient died of diabetes mellitus, November 25th, 1880, three years and three months after the report.

In the great urgency of the case in uremic poisoning, resulting in puerperal eclampsia, where life is in great danger and every pressure is brought to bear upon the physician in charge, relief must be obtained as quickly as possible. In these cases pilocarpine may be the means at hand for reducing the quantity of urea in the blood and of saving the life of the patient. In such cases the indications can be met generally by the administration of granules of aconitine, amorph., grs. $\frac{1}{34}$; digitalis, grs. $\frac{1}{67}$; veratrine, grs. $\frac{1}{34}$, one granule of each together *pro re nata* and aided by the administration of pilocarpine nitrate, grs. $\frac{1}{4}$ to grs. $\frac{1}{3}$ hypodermically at the discretion of the physician in charge.

In a review of an article by Brincon in the *Virginia Medical Monthly*, July, 1882, tables are given showing in detail twenty-four cases of puerperal eclampsia treated by pilocarpine. The conclusion he arrives at is that while pilocarpine is capable of doing much good in puerperal eclampsia, especially in the milder cases of the disease, its use in those cases where the patient is comatose, is attended with serious risk of suffocation from the profuse salivation. Dr. W. C. Dabney, in reviewing Brincon's paper, says:

"There is another point of interest in connection with the use of jaborandi which has not as yet been sufficiently investigated, namely, whether it may produce premature delivery." He then reports a case where a multipara, seven months pregnant, was suffering with "violent headache, blindness, numbness in the extremities, etc." The symptoms of albuminuria were present and the prognosis unfavorable. An infusion of jaborandi was resorted to (thirty-five grains) which caused a flow of perspiration and saliva. This was on Thursday noon; on Friday she felt much better, so far as the nervous symptoms were concerned, but had slight uterine pains, and on Saturday afternoon they became more severe, and she was delivered of a dead child, without having any further eclamp-

tic symptoms. Two days later her urine was free from casts and albumen. So far as my observations go I cannot state the effects of the drug under consideration in bring on a premature expulsion of the foetus, nor does my reading give anything certain in this respect. The opinion of writers seems to be divided, some claiming it as an oxytocic, while others have used it to no effect. Dr. Shaller, in his "THERAPEUTIC GUIDE," however, says:

"Precaution is necessary when prescribing this remedy for women during pregnancy, because of its tendency to induce labor pains. In this one respect it has an action similar to that of ergotine, but is more powerful. When given during labor, it increases the strength and duration of uterine contractions."

As stated above, I have no experience with it, but should hesitate to administer it in cases of pregnancy, unless very urgently required. Its action upon the glandular system and the circulation makes it a valuable adjuvant to mercury and the iodides as an alterative and the promotion of the absorption of enlarged tonsils, &c. I once was in attendance upon a case of severe tonsilitis, and gave pilocarpine as a sudorific, and to my surprise, the hypertrophied glands soon diminished in size, became soft and disappeared in a few days. This patient was subject to chronic tonsilitis and derived so much benefit from its administration at this time, that ever afterward, on the slightest appearance of the trouble, he took pilocarpine in small doses until he made a perfect cure of the trouble.

In exudative diseases of the retina and choroid, in vitreous opacity, in some forms of optic neuritis and commencing atrophy, and in retinal detachments, it has been tried with varying success. Locally, both esesine and pilocarpine are serviceable in paralysis of accommodation following scarlet fever, diphtheria, &c., but my experience in its use is so limited that the statement above made is from the recommendation of others rather than myself.

The antagonism existing between the action of pilocarpine and atropine, would reasonably lead us to use one as an antidote against the other. Pilocarpine contracts the pupil; increases all the glandular secretions; at first flushes, then causes pallor of the face; while atropine dilates the pupil: checks the glandular secretions; at first produces pallor, then causes flushing of the face; and from this antagonism, were I called to a case of poisoning by either one I should use the other as an antidote without hesitation.

Its uses in pneumonia, pleuritis, as a stimulant to the growth of the hair and in hydrophobia, for all of which pilocarpine has been recommended, I have no experience.

As a remedy to abort an approaching chill in malarial fevers its action has been doubtful. Administered by hypodermic injection, on the access of the cold stage, or just before its access by deglutition, this rem-

edy sometimes seems to abort the paroxysm in my hands, but on other occasions it has failed of affording relief. However, I should not fail to use it in these should I be present at the time of access of a chill, especially so if it threatened to be of the congestive malarial type.

Perhaps enough has been said on this subject at this time. It offers a broad field for investigation, and I trust some abler brother will take it up and continue the investigation. I have endeavored to make this article practical, avoiding all fine spun theories, only wishing to call the attention of my confreres to the action of the drug. It seems to me that the remedy has not been sufficiently known and used, and this has prompted my article.

Before concluding let me say that when administered in too large doses (gr. $\frac{1}{2}$ to gr. 2) hypodermically it produces profuse perspiration, ptyalism, nausea and vomiting. pain in the abdomen and genitals, sometimes diarrhœa, with general prostration, and as said above, when such symptoms occur, atropia is indicated.

In conclusion, the following is a quotation from an editorial in the *Medical World*, July, 1895, just come to hand:

"Walter Baun, in 'Therapeutic Gazette,' 1894, has taught the following method of treating erysipelas at the clinic of Da Costa. This treatment consists of administration to patients hypodermically $\frac{1}{6}$ grain of pilocarpine. Two hours after the first injection, a second dose is administered if the well-known effects (perspiration, salivation) of pilocarpine are tardy in making their appearance. Six hours after the second injection a third one is made, and two hours after this a fourth one. By this method forty cases of erysipelas have been cured with most rapid and favorable results. Generally twelve hours after the first injection the local symptoms begin to disappear and the patient enters the state of convalescence. The average duration of the disease under this treatment has been three days."

An Important Symptom Often Overlooked.

By HUGO ENGEL, A. M., M. D., Fellow of the American Academy of Medicine, late Professor of Nervous Diseases and Clinical Medicine, &c., &c.

[Written for The Charlotte Medical Journal.]

By one of those peculiar accidents, which often surprise us, when in charge of clinics, by the sudden appearance in quick succession of cases, otherwise but seldom met with, and evidently not influenced by climatic changes, I was called in consultation, during the last month, in two cases, both offering the same symptoms, that in each had misled the attending confrere. The patients were women; the one having recently entered upon her climacteric period, and the other having passed through it about a year before.

The symptom complained of in both cases consisted of a painful affection of the feet, which suffered from a constant and annoying sensation of tingling and from pain, which was felt mainly in and about the ankles, and which bore a great resemblance to that accompanying sub-acute rheumatism. The tissues about the joint appeared somewhat swollen and, together with the dorsal surfaces of the feet, presented the same picture, as we notice in cases of local œdema due to obstruction in the venous circulation. There was no other evidence of disturbed sensation; the deep and superficial reflexes were normal, and, excepting a want of tone, the motor sphere also showed no impairment. Although both patients complained of a feeling of general malaise and made the impression of their being the victims of some cachexia as yet in its earlier stages—a supposition receiving support in both from the constant loss in weight, which had been noticed for some months—yet it was absolutely impossible by the most thorough inquiry and a detailed examination of all the organs, excepting the uterus, to elicit any other manifestation of a pathological state, but what has been referred to. One of the patients only admitted, that during the last few weeks she had suffered from a more frequent desire to urinate, while constipation and a mild hemorrhoidal condition existed in both women.

Thus far the attending physicians seemed, perhaps, justified in their diagnosis of articular rheumatism, had not in both instances the skillful treatment, instituted upon this assumption, and persevered in for several months, been completely without any result, and had it not been for the fact, that we should never rest in any case under our charge, until we have examined into the condition of ALL the organs.

Having in my professional life met with a number of such cases, I suspected and, upon examining the uterus, discovered the real cause, one, which in a woman, at that period of life, especially if we have proof of a constant loss in weight, not otherwise explained, and if we receive the least impression of the presence of a cachexia, should never be lost sight of: cancer of the uterus. Probably in all cases, in which the seat and mode of development of the malignant neoplasm are such as to lead early to adhesions, by which a part of the appendages, the bladder, rectum and broad ligaments are all bound down together in one mass, this interference with the venous circulation, similar to what we often observe during pregnancy, is common, and always shows itself by the affection of the feet above described. Where the adhesions are not of the kind to give rise to early and severe venous obstruction, the local symptoms, especially the lancinating pains, overshadow all others, and in some cases this interference with the circulation does not occur at all or in a later stage, when every sign points to the real malady, or it is so slight as not to attract attention. But especially when the cancer evinces a special tendency to grow in a posterior direction, the obstruction to the venous circulation, as

manifested by the condition of the feet, is one of the earliest phenomena.

In the cases of this description, that have come under my observation, the development of the new growth was always rapid and extensive, and because of this quick spreading of the morbid tissue, the pain was less intense, or, as in the two cases here referred to, because slight and transient, for a long time not complained of by the patient.

To be sure, at a later stage, when the functions of the bladder and the rectum are more interfered with, and when, as always seems to happen in the cases in question, the further extension backwards of the neoplasm by its pressure gives rise to the torturing pains in the back, an error in diagnosis, by omitting the examination of the sexual organs, is no longer probable, and the breaking down of the morbid tissues, generally setting in at about that period, by the discharge and the foetid odor, indicate to the merest tyro the true condition of affairs, especially as by that time the cachexia is well expressed, and the face bears the stamp of the dread disease.

Whether or not the symptom concerning the ankles and feet is ever present so early, that its true interpretation by a timely operation may make it possible for the surgeon, to save life or at least to prolong existence, I cannot tell. In the patients I saw, the time for operation was passed, the malignant growth having already attacked too extensive an area. But, perhaps, by attracting the attention of the profession in general to the symptom mentioned, here and there the malady may be earlier recognized and life saved.

In one of the two patients the ailment affecting the feet had been in existence for nearly four months, ere doctor and victim had the remotest idea of its significance, and from an examination of the parts then involved I could not avoid conceiving the opinion, that, when the symptom first manifested itself, the neoplasm might well have been extirpated radically by a skillful surgeon, especially in our country, in which so many able men have of late years been remarkably successful in these very cases.

Among the literature at my disposal I have no where seen the symptom in question prominently discussed, but my library concerning works on diseases of the female sexual organs is not so complete, that I would be justified in drawing a general conclusion from the fact. But whether it has ever been referred to or not, once more attracting the attention of the profession to so important a subject can be but productive of good.

2016 Arch Street.

Clinical Thermometry and Critical Days.

By H. C. HARRIS, M. D., Paris, Miss.

Written expressly for this Journal.

MESSRS. EDITORS:—I shall make no attempt to write an elaborate and exhaustive article on the subject selected, but content myself with the af-

tempt to attract your attention to a neglect, which I think quite general with us all, hoping to elicit the interest of the readers of your journal by presenting them with a few facts, relative to clinical thermometry and critical days, and ask them to reflect with me, if they are in the habit of giving the sick who are in our care, the benefit we may of facts well proven by the profession.

In expressing the degrees of temperature I shall use the scale of Fahrenheit, because most familiar to us all, at the same time regretting the want of subdivision in the scale. The normal temperature of a healthy person ranges between $97^{\circ} 30'$ and $98^{\circ} 30'$, the difference never exceeds $1^{\circ} 30'$, and rarely reaches this extreme. This temperature is nearly the same in all climates, and keeps its standard alike in summer and winter. Its daily oscillations are most marked after meal times, when there is always a slight rise in the temperature. The mean temperature we find a short time before the main meal, and the maximum about four hours after the main meal, while the minimum is in the night hours.

In order to ascertain the temperature of a person for scientific purposes, the uncertain condition of the sense of touch, should not be relied upon, but the bulb of a thermometer, held firmly in the hand for five or six minutes, or, what is much better with patients, insert the bulb into the mouth, or axilla, taking care that it be entirely surrounded by the adjacent parts. This may be easily secured by slightly pressing the arm against the chest. Five or ten minutes is the time required to give on the scale the degree accurately, if it be divided into 5ths and 10ths, but in the ordinary clinical observations, the $\frac{1}{4}$ and $\frac{1}{2}$ degree is sufficient, except in cases of doubtful diagnosis.

The temperature of the sick varies considerably from that of health. Its maximum by which life may be sustained amounts to nearly 108° , and the minimum 81° .

I will now proceed to give you the temperature of some few diseases, naming the highest extremes only.

Intermittent fever, sometimes 107° .

Endocarditis, pyemia and puerperal fever, $105\frac{1}{2}^{\circ}$.

Pneumonia, 102° to 105° .

Small-pox, eruptive stage, 106° .

Meningitis, 102° .

Typhoid fever, 105° .

Scarlet fever, 105° , usually 102° .

Measles, $100\frac{1}{2}^{\circ}$.

In all other febrile diseases rarely above 102° .

The lowest extreme of temperature we find in cholera, and in puerperal fever, after being very high, and in cases of pneumonia it sometimes falls suddenly for a short while, from a previously great height, say 95° .

Jaundice and tuberculosis, when free from fever, generally show a normal temperature.

As a general rule it may be said that the pulse increases in frequency correspondingly with the increase of temperature, and that the temperature rises higher the nearer the disease draws to a fatal close. Only in meningitis is it observed that the temperature lowers towards the end, while the frequency of pulse increases. In scarlet fever, pyæmia, and erysipelas, the maximum is obtained.

It is remarkable that the temperature of the body in disease rises and falls quite rapidly, whilst in health it shows such persistent evenness. It is not unusual to find the temperature in an attack of intermittent fever rise 4° or 5° in two or three hours and fall again, not evenly, but in starts, step-like, to the normal standard in eight or ten hours. In the chilly stage the temperature rises at least two degrees above the normal standard, so that we may with certainty predict a chill, on the rise of temperature one or two degrees in an hour's time, in a fever patient, and the chill will be the more severe, the quicker the rise of temperature.

A temperature of 105° or 106° continued for some weeks leads certainly to death, but if interrupted by intermission it may be borne for months.

A higher amount of heat of the body than normal, is always attended by a consumption of bodily substance, and this is a second characteristic of any kind of fever. This loss of substance I will not now, if I could, attempt to explain. We see that the fatty constituents of the body lessen more and more, and the nitrogenized substances are discharged with the urine, and wasted away in colliquative sweats, and this brings me to consider—

CRISIS, OR CRITICAL DAYS.

In the aphorisms of Hippocrates are taught critical days, and the days set forth by that accurate observer of the early day of medicine is universally accepted by the profession now, and we are justly alarmed when we see a crisis, on any other day than those fixed by this ancient teacher; because it denotes exhaustion, obstinacy, or relapse of disease. These aphorisms were, no doubt, the result of a large amount of observation of fever patients, which, having been left to nature, therefore, afford a clear basis of observation, and the periods stand to-day as the 3d, 5th, 7th, 13th, 21st, 27th, &c., days.

Why is it that those days have more importance in the course of diseases than others? Is there any connection between those odd numbers and the diseased state of the body? The fact is acknowledged; is the question solved?

I shall try them by nature's own laws, and see if they present no practical truths to help us in our inquiry.

According to physiological experiments it appears that a living organism, when it is subjected to a starving process, does not lose its bodily substance evenly, but rather periodically, so that its greatest loses is on the 5th, 7th and 13th days, then the operations in a living organism, differ materially from mere mechanical or chemical operations.

If you, for example, expose a vessel of water to an equally dry atmosphere, it will lose its contents by evaporation evenly—just so much per hour. The living organism does not. It regulates its loses, or expenditures, by its own laws, which allow its receipts and expenditures to oscillate between a certain boundary, and make its operations go on in regular periods. Those periodical fluctuations are, therefore, normal life, part and portion of all its evolutions in health and disease, and are not peculiar to states of disease. When, therefore, in diseases on the 3d, 5th, 7th, 13th, 21st, and other such days, a greater amount of loses set in, in the form of excretions, as sweat, urine, diarrhoea, &c., which is called the crisis, it is nothing more, nor less, than the same periodic oscillation which is going on continually in the living organism, and which becomes more conspicuous in disease, because it is frequently followed by a decided improvement or death.

It necessarily must become more conspicuous, because this periodical loss is added to the extra consumption, which is a condition of the acute disease. If the physical state of the patient be such as to endure both, he, of course must feel better the next day, when the periodical acme ceases, and he dies if his physical power cannot endure the united action of both. Thus the critical days of the disease are nothing more, nor less, than the normal, periodical fluctuations of the living organism, to which they correspond, and the *crisis* in that critical day, with its normally increased excretions, which falls, together with the height of the disease.

In corroboration of this view, I will remark, that the so-called *crisis* does not appear when, during the course of the disease, the organism is weakened by improper medication, because then the natural periodical fluctuation is disturbed and destroyed, and it does not appear, when by the application of the proper remedy, health is restored, because the periodical fluctuation *alone* is not conspicuous enough to be observed. It is, however, never wanting when the disease runs an undisturbed course and, in so far, it is an important means of distinguishing a successful or unsuccessful treatment.

To observe with care those critical days, I deem of great importance in chronic, as well as acute diseases, and I readily deduce from such observation the following conclusions:

1st. A well treated disease is cured without a crisis, and we may mark the treatment, confident in the future of like results, in the same malady.

2d. When the patient recovers with well marked days of crisis, we

may be sure that we missed the case, and the patient recovered without benefit from our remedies.

3d. When no crisis appears, and the patient gets worse and worse, in spite of our remedies, then we may feel assured that we missed the mark, and may have done actual harm by our medication.

Lastly. It admonishes us to be patient in medication of chronic diseases, never hoping to see a very marked change from medication before the eighth day, and if decidedly favorable then, not to change the remedy before the thirty fifth day of medication.

I have collected together and presented you with these observations of experience and research, well knowing that their crudities and errors will fall by the way-side under your critical discussion, while I feel well satisfied that the truths of my article will be seed sown in good ground, or rather that I may be merely cultivating the plant, springing from seed long since sown, but, with some of us, it has been choked by the tares of disease.

Anal Fissure.

By A. B. COOKE, A. M., M. D.,

Lecturer on Diseases of the Rectum and Assistant to the Chair of Dermatology and Genito-Urinary Diseases, University of Nashville.

Written expressly for this Journal.

This lesion, insignificant though it may appear, stands pre-eminent as a pain-producer. For this reason and because of the fact that it is more quickly and certainly amenable to treatment than any other rectal disease, it possesses a character and an interest peculiarly its own.

The term "Irritable Ulcer," commonly employed as synonymous with fissure, while, strictly speaking, not incorrect, is open to several objections. Irritable expresses merely a more or less adventitious characteristic and is in no way distinctive either as to origin or location. And again, ulcers occurring at the rectal outlet, though attributed to various causes, in the great majority of instances are the results of fissures and represent their secondary or chronic forms. Consequently, since the symptoms and treatment, as well as the etiology of the two, are identical, it were better to include both under the more distinctive title, Anal Fissure, and define it as comprehending all lesions of the anal orifice of which pain on defecation is a prominent feature. If the term ulcer is applied at all in this connection, Mathew's* suggestion of "Anal Ulcer" should be adopted. It is a more accurate term than irritable ulcer and prevents the possibility of confusion with those ulcerations situated higher up the bowel which may likewise be irritable, but constitute a different and much more serious disease.

*A Treatise on Diseases of the Rectum, Anus and Sigmoid Flexure, page 267.

ETIOLOGY.—The sensory nerve supply of the anus is more extensive than any other superficial structure or portion of the body. Hence the injury or exposure of a nerve filament which is always necessary to produce the pain characteristic of this lesion is not difficult to account for.

In the production of almost every disease of the rectum, constipation is an important element. The causative relation to fissure is especially noteworthy: the lesion results directly from traumatism, the traumatism directly from constipation. The passage of large, hard, costive stools causes overdilation of the anus, and rupture more or less extensive of some portion of its circumference results. The irritation excited by exposure of a nerve filament in the fissured point induces involuntary sphincter spasm which in turn keeps up the irritation and, together with the daily evacuations, prevents repair of the injury. Pain becoming more and more severe with each defecation causes the act to be postponed sometimes for days with consequent increase of the trouble when defecation does occur. In this way the damage is constantly augmented and healing rendered impossible.

In view of the extreme frequency and universal prevalence of constipation, it might reasonably be inferred that fissure would be a more common complaint. To my mind, the external sphincter is the important factor in the development and maintenance of this disease. I believe the lesion does occur far more frequently than is generally supposed, and for lack of nerve involvement and consequent absence of sphincter spasm is followed in many cases by spontaneous healing, giving rise to no symptoms whatever.

Constipation, while unquestionably the chief primary cause of fissure, has not the exclusive blame to bear. The forcible extrusion of large polypi or masses of internal hemorrhoids may also be the occasion of sufficient traumatism to produce the initial lesion. But the origin of the disease can not even be limited to traumatism—at least not to the variety resulting from overdilation. The anal skin and mucous membrane are remarkably thin and tender, and the passage of feces normal in size but containing a hard projecting point, the use of rough and irritating detergents, scratching, &c., by producing a slight abrasion, may be the exciting causes of fissure and ulcer.

An ingenious theory promulgated by Ball,* of Dublin, ascribes the origin of fissure to the little pouches, or sacculi, known as the sinuses of Valsalva, and situated between the columns of Morgagni, just within the grasp of the sphincters. In the majority of cases he believes the etiology is as follows:

During an evacuation one of these little pouches is caught by a projecting point of the fecal mass and its attachments torn, and the tear thus

*British Medical Journal, September 12, 1891. Also Text-Book on Diseases of the Rectum and Anus.

made is re-opened and extended by every subsequent passage. Healing being prevented, the raw surface ulcerates and the ruptured pouch, being constantly carried toward the cutaneous margin, becomes swollen and inflamed, forming the so-called "sentinel pile." He likens the condition to hang-nail, or, as he expresses it, "finger torments."

The theory is attractive, but has little more than its ingeniousness to commend it. The disease can not be proven to originate in this way, the "sentinel pile" is not always present, and the explanations above given are certainly more rational as well as more plausible.

The etiology of anal fissure would not be fully discussed without reference to the part played by certain diseased or degenerated states of the general system in its causation, but more especially in its maintainance. Of these the more important are syphilis, the strumous diathesis and tuberculosis. The influence of these conditions is sufficiently indicated by simple allusion. Mention may also be made of congenital narrowness of the anus as a possible cause. In such cases the lesion might result from the straining necessary for the discharge of even normal stools; but the condition is one of such extreme rarity as scarcely to deserve consideration.

SYMPTOMS.—The pain characteristic of this disease is out of all proportion to the extent of the lesion, in many cases constituting the most acute suffering to which humanity is susceptible. Coming on coincident with the passage of each stool, it may last for hours afterward. At first of an intense burning, smarting, stinging character, it gradually merges into an intolerable aching, and finally subsides only to reappear when defecation is repeated. The feces may be streaked with blood. The constitutional symptoms likewise may be greatly in excess of the magnitude of the disease, occasionally even simulating malignancy. The constipation kept up by fear of pain, with its attendant train of evils, lack of rest and resultant nervousness, and the effects of opium or morphine which alone have power to relieve the pain in the course of time induce symptoms closely resembling those of grave systemic disease.

Sphincter spasm is itself a reflex and the pain maintained by its incessant irritation may likewise be reflected to adjacent organs manifesting itself in tender prostate, spasmodic stricture of the urethra, frequent desire to micturate, and in women uterine irritation, ovarian neuralgia, so-called coccygodynia, &c. Fissure as the cause of this array of ills may not even be suspected unless the pathology of the reflexes is thoroughly understood and the fact recognized that for a reflex to act the *sine qua non* is a *lesion somewhere*.

The disease is found more frequently in women than in men, doubtless because of their more costive habits. It is also sometimes met with in the young—even in infants, in whom it is probably often overlooked.

DIAGNOSIS.—The one symptom alone of pain—its nature, intensity, and the time of its occurrence, is often sufficient for practically positive diagnosis. The confirmatory evidence of physical examination, however, should always be obtained; otherwise, treatment can not be scientifically applied. The most desirable as well as the most convenient position for this purpose is the semiprone position of Sims. On separating the nates and drawing down the anal mucous membrane, the sentinel pile (when it exists) and distal end of the fissure will nearly always immediately come into view. If, for any reason, simple inspection proves insufficient, introduction of the finger or speculum (preferably the latter) will be necessary. Both of these methods are so exquisitely painful that, as a rule, it will be found better to employ them only under anæsthesia, and at the same time be prepared to perform any operation that may be necessary. A systematic examination of the adjacent organs, as well as the entire rectum, should invariably be made so that neither effects nor possible causes be overlooked. In a given case, treatment of the fissure without recognizing the existence of a polypus or hemorrhoids which produced it would not only be poor surgery, but manifestly ridiculous.

On account of the smallness of the lesion the diagnosis is at times extremely difficult. But a careful painstaking search, after due consideration of the symptoms, remembering that no lesion, however insignificant is too trivial to require attention, will seldom go unrewarded.

In a large proportion of cases, the lesion will be found in the posterior third of the anus, upon one or the other side of the coccygeal raphe. It may, however, be found in any portion of the circumference. Multiple lesions are rarely encountered except in association with syphilis. For this reason they are always suggestive and should be regarded with suspicion.

TREATMENT.—As no disease in the whole range of human ailments is characterized by such intensity of suffering, so no operation in surgery is attended with such certain, speedy, and altogether satisfactory results as the one which is entitled to first consideration in its treatment. If properly done, immediate and permanent relief of pain and cure of the disease are the results which may be confidently expected.

The pathology of the disease suggests the nature of the operation. It consists in setting the parts at rest by thorough divulsion of the sphincters under anæsthesia. It is performed by inserting the thumb or one or more fingers of both hands into the rectum and steadily separating them until the sphincter is felt to give way. The danger to be avoided is rupture of the muscle. Consequently plenty of time and great care should be given to the manoeuvre.

A number of specula have been devised for this operation, but as a rule the above method will be found safer and more satisfactory.

This operation was first recommended by Recamier, of Paris, in 1829.

However, it was not received with favor and quickly fell into disuse. The credit of its revival and establishment is due to Van Burer, of New York, who re-introduced and gave it prominence in 1863. At present it is recognized as a necessary preliminary in almost every rectal operation of any importance.

The only other operative method of treatment worthy of consideration accomplishes the same result, i. e., rest of the parts, by division of a portion of the fibers of the sphincter with a knife. As first originated and practiced (Boyer, 1818), it consisted in cutting entirely through the sphincter, sometimes in two places. This, of course, cured the fissure, but the result of the operation in many cases must have been worse than the disease for which it was done. Division of the superficial fibers of the sphincter in the base of the fissure which at present constitutes the operation, is equally as effective in most cases. It is even claimed by some writers that it is only necessary to incise through the mucous membrane, but the efficacy of this would manifestly depend on the depth and extent of the lesion.

This operation has one distinct advantage over the former, viz., that it can be performed without general anæsthesia. A few drops of a four per cent. solution of cocaine injected just beneath the fissure will render the incision entirely painless. On the other hand, the divulsion method has the decided advantages of immediate relief of pain and, if thoroughly done, almost absolute certainty of cure. It also permits of thorough exploration and proper treatment of other pathological conditions which may be either cause or effect of the fissure. The two methods are sometimes combined in one operation; but this is unjustifiable, because unnecessary.

When, for any reason, the anæsthesia for divulsion can not be employed, and the use of the knife is objected to, various milder measures may be adopted. Putting the anus on the stretch with a bivalve speculum and touching the fissure thoroughly with a solid stick or strong solution of nitrate of silver, or with pure carbolic acid will sometimes effect a cure. Other agents which may be employed for this purpose are nitric acid, persulphate of iron, Goulard's extract, &c. Nitrate of silver is probably the best agent of this class. The application will usually have to be repeated several times, and should always be made by the surgeon himself.

The passage of bougies has been recommended, and in children the simple introduction of the finger is occasionally the only treatment required. Indeed, to the surprise of all concerned, a single slight manipulation even in adults has been known to result in perfect cure.

These simple measures will often fail, but the fact that they do sometimes succeed, justifies their trial when demanded by the patient. Whatever kind of treatment is undertaken, an important item is frequent bathing of the parts with cold water, especially after each stool. This, with attention to diet, regulation of the bowels, and the use of an anodyne supposi-

tory when required, constitute the necessary after or associate treatment.

Ointments, I mention merely to condemn. They are in no sense curative, and time and money should not be wasted in their use.

Of course attention to the general health should never be neglected.

In those cases where the fissure is associated with a sentinel pile, polypus, or internal hemorrhoids, no system of treatment will prove of more than temporary avail unless their removal is first accomplished. This indicates the necessity of a thorough examination in every case, and is an additional endorsement of anæsthesia and divulsion as the best method of treatment.

Where syphilis coexists, whether causative or not, the trouble will be found far more intractable. In these cases specific medication will be demanded, and the application of chromic acid to the fissure will constitute the best local treatment.

In conclusion, I desire to emphasize the absolute necessity of physical examination in every case of rectal disease. In no other way is a positive diagnosis possible. The casual, haphazard consideration usually accorded these diseases by surgeon as well as general practitioner is directly responsible for the advent and phenomenal prosperity of the traveling charlatan with his specious promises and "cure-without-pain" advertisements. The labors of a few high-minded pioneers, however, who recognized the emergency, and had the courage to meet it, have already borne fruit, and rectal diseases as a legitimate specialty now occupies a position second in dignity and importance to none.

My conception of its dignity and my conviction of its importance must plead my excuse for entering at this length into the consideration of one of the least momentous of its subjects. Least momentous only from the standpoint of danger to life, however. The great pain which characterizes anal fissure is sufficient to commend it to the respectful attention of all who have a due regard for human suffering and a proper appreciation of the true mission of our science.

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Psoriasis.

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Reported Expressly for this Journal.

Gentlemen:—I purpose this morning making a careful study of psoriasis with you, but before showing the cases I will give you a slight insight into the manner in which the lesions are witnessed, following them through their course until fully developed, the places most likely to be affected and the subjective symptoms that may present themselves.

The first lesion seen in this disease is essentially a papule, which is possibly the size of a pin point or somewhat larger. Their number varying from a few in one case to a great number in another. They slowly or rapidly increase in size and are from the very first covered with the peculiar scale which as yet is not laminated or abundant. As the lesion increases in size the edges become more distinct and abrupt, the scale becoming more abundant, and beginning to show the pearly white color, and to resemble the shingles of a roof in being laminated. When farther advanced we may find a number of lesions coalescing and forming a small or a large patch, and it must be remembered that this is an inherent tendency of the disease. Some may be seen resembling the conical crust of a so-called rupial sore, while others may look like an ordinary ring with or without a diseased center. After the coalescence of a number of these lesions they may show a disagreeable gyrate figure. After a time the scale becomes so abundant that the patient may be shedding them in very large quantities and the bed in the morning looks as if a snow storm had been operating upon it. Upon removal of some of these scales a few bleeding points may be seen. The parts of the body upon which it is most likely to find this eruption are the elbows and knees, and the extensor surfaces generally, but alike it may occupy any or all portions of the body, face, scalp, trunk or extremities, not even the palms and soles being exempt. The symptoms that the patient complain of beside the appearance of the lesions are the annoying itching that is often present, the removal of the scales and the fissures that are likely to be formed if the lesions are around a joint or flexure of the body. Occupying the face alike it is very annoying owing to the disfigurement. Taking all of these conditions into consideration we can believe that we have a very annoying eruption present, and as the disease is not always limited to the points mentioned as it often occupies large areas of the body or the whole body from head to foot it behooves us to be on the alert to give our patient ease and comfort.

While other diseases of the skin are not likely to go through the same course as this, we often are placed in a position where the differential diagnosis is a matter of importance and we are obliged to give this point careful attention.

From syphilis we can usually make the differentiation because the latter as a rule does not show any tendency to coalescence, nor do we have lesions in all stages of development as in psoriasis, the lesions are not likely to be apparently pointed as in psoriasis. The scale which is a darkish flattened one when removed shows a darkish brown discoloration of the scale and not the bleeding points of psoriasis.

From eczema, by the multiplicity of the lesions and the scale, the edges, the greater tendency of the latter to intolerable itching, moisture at times, while psoriasis is a dry disease at all times, the regions of the body attacked, psoriasis generally attacking the posterior or extensor por-

tions of the body, while eczema is most likely to be found upon the anterior or flexor surfaces. Eczema rarely shows any tendency to marked edges.

Seborrhœa, most likely to be found on the scalp and not as usual elsewhere, while psoriasis is likely to be found upon other portions of the body, the scale differs, in fact the discharge from a seborrhœa is most likely to form a crust rather than a scale.

Favus of the scalp is to be diagnosed by the peculiar sulphur colored crust, the cup shaped manner, the brittle condition of the hairs, decided loss of hair in advanced cases and the existence of the fungus.

Ringworm, *tinea circinata*, the parasite, history of contagion, usually only a single lesion, the scale are more bran like, the possible formation of vesicles or vesico-papules around the edges of the patch, upon the scalp the condition of the hairs is not as is seen in psoriasis, as they are more brittle and lustreless.

The first case which I show is typical of an early stage of the disease. This young man is 25 years of age and has never had a similar complaint nor has any member of his family presented a condition that in any manner resembled it. He states that the eruption was first noticed about three weeks ago, and that it had been increasing since that time. It first showed itself upon the arms in small lesions, while soon after he found some upon the chest and back. Looking carefully at the eruption to-day we find the lesions on the arms have become the size of an ordinary pea, while those on the chest and back are about twice that size; you also notice that the scales in each instance—that is upon each lesion—are quite abundant, and that as I referred you a few moments ago, are laminated—resembling the manner of shingling a roof—they have a silvery white or mother of pearl color. As I told you it may be seen that the lesions are not of uniform size, as we have those on the arm about half that of the chest and back lesions. Another point may be seen is that not any of the lesions have as yet shown a tendency to coalesce, while each in itself has a distinct and abrupt border. When we have an eruption presented to our view that shows all the conditions of one skin disease, as this one certainly does we have no very great difficulty in forming a diagnosis.

As our diagnosis has been arrived at with little difficulty, we will advise treatment, and the speaker would strongly advocate the administration of some form of arsenic. Why will we give arsenic in this individual? Because you will find that this remedy will act better than any other in an early eruption of the disease before us, but I would certainly advise not giving it in an old case, because it will be found of little service in those who have been previously under its treatment, or where the eruption has been of long standing. I myself prefer, when prescribing arsenic, to use the arsenious acid, or Fowler's solution. Of the former I generally begin with a dose of one-thirtieth of a grain and increase until as near the

characteristic effect of the drug as possible without actually getting it. In giving the Fowler's solution I generally begin with four drops three times daily, and continue at this dose for some time, or, in other instances, I give an undilating dose, as for instance beginning at two drops and running as high as eight, by increasing one drop daily, and then dropping down to the smaller, and then again going through the same process—this is kept up until some sign of relief is noticed—if you fail to get the sign I would then advise giving a much stronger dose. In this case I will give four drops thrice daily, and have him return in a few days so that you may notice what change has taken place.

The next case is that of a much older person. A man of 40 years comes with the history that the eruption has lasted about five years, with only few exacerbations. Looking carefully at the eruption as it is presented to-day, we find that the lesions are scattered fairly well over the entire body. Upon the arms you notice that the lesions occupy all portions, and that the extensor surface is not alone the part attacked, as we find just as many lesions on the flexor extremities. Here the lesions are found to be from pea to bean size, and in a great number of places there is a coalescence of several. Over the trunk they are seen to be much larger, and I show you one lesion upon the lumbar region, which is apparently made up of several running together. Another large lesion may be witnessed upon the chest showing also the coalescence of some smaller ones. Making a careful examination you may notice that the scales in this case are much more abundant than in the previous case, that they are larger, that they show the laminated appearance to greater advantage as well as the peculiar color of the scale, a color which is not found in any other disease of the skin. The edges show the marked condition in the same manner as in the young man presented to you this morning, but the lesions being larger this point is more noticeable. One other point that may be seen in this case is that the itching has been very intense, and the man in order to get some relief has been scratching and tearing at the skin and has produced a number of bleeding points which are covered with a blood crust, and in some places you notice there is decided fissuring which is also due to the scratching. In treating this individual I will not advise the use of arsenic because it is more than likely that he has been very frequently under its use, and were I to prescribe it in his case I would find that I may use it almost indefinitely, but I would not receive the amount of relief that we should expect, therefore, remember this point and always use some other remedy. We may choose from a number of other drugs, and of these mention might be made of cod liver oil, which may act well in his case, because he is in poor health. Oil of Copaiba has given some good results in my hands as well as Iodide of Potassium. Suppose for instance we give this man two drachm doses of Cod Liver Oil thrice daily, and if we find that we are not receiving much benefit from its use

we will double the dose. Another condition that must receive attention in this man is to give him relief from the itching, and we may with advantage give him an ointment as follows, two drachms of the ordinary liquid tar added to one ounce of petrolatum. This ointment is to be applied several times a day, and the man given a bath in warm water twice weekly—while the underclothing will share the same change. In cases where there is not much inflammation I have frequently given an ointment as follows: R Chrysarobin gr. x, Petrolati ʒi M., but I am always careful to see that my patient is given instructions to return immediately that there is any tendency to inflammation, because if not looked after carefully the chrysarobin may do more harm than good.

The next case to claim our attention is that of a lady of 29 years, who is unmarried—is the third of a family of six girls, none of whom have shown a similar condition, nor has her paternal or maternal relatives. She had always been healthy until the appearance of the psoriasis, which first attracted attention when she was seventeen years of age. The disease began at the time stated and spread rapidly over the entire body until I saw her, when the condition was as follows: the eruption occupied a great portion of the body surface, the lesions being small and large, some of which had coalesced, making very large areas of affected skin. The lesions ranged in size from a pinhead papule to a patch or two which were seven or more inches in diameter upon the back and chest, while those upon the abdomen were nearly as large. Those upon the extremities ranged from a pea-sized papule to lesions having a diameter of several inches, the latter of which had coalesced, forming an irregular lesion. All of the lesions were distinct, with abrupt edges, being covered with the characteristic silvery-white or mother of pearl imbricated scales. The girl stated that the disease had never been without treatment. She came under my care and I found that she had been under almost all forms of medicines, and as the arsenic which she had been taking had made no alteration in the skin manifestation, I advised that she be placed under strict observation, that she be given five minims of oil of copaiba in capsules three times daily, that she be given good nourishing diet, and allowed free access to open-air exercise. The case passed from my view, although I occasionally heard from her, and now at the end of the sixth month of treatment she has reported, and I am unable to find one lesion present on her skin. I think it well to make note of the fact that, as there were no distressing symptoms to the girl on account of itching, I did not advise any local measures, simply because she did not wish to be obliged to use ointments if there was a reasonable hope of her getting well without them, as that had been the main treatment which she had been under for the previous years, and she stated that it was very disagreeable to her. I am very glad that this girl has presented herself to-day because it will show what you may expect in some of your cases from the use of the oil of copaiba. You may

not expect to get the same result in all cases from so small a dose, but often you may be called upon to materially increase its strength. I can recall one case in which I have given as large a dose as twenty minims thrice daily, and even then I almost despaired of getting relief, but finally after persistence the case became well.

The next case which I take pleasure in showing you is a different class of individual from those who preceded him. He is from that wandering tribe called the "genus tramp," and of course has not had the advantage of good living that characterizes the respectable portion of the community, but nevertheless is a good example of the disease under consideration, and as he has not had the advantages of proper food and comfortable sleeping quarters, it may the better illustrate what form of treatment will be the more beneficial in members of the same class. In looking over his body we see great numbers of lesions, scattered here and there at irregular intervals, some small while others are large, and as the disease is at its worst at this time because he has had no treatment for at least six months, owing to his unwillingness to remain in the hospital at this time of the year. While many of the lesions are small you will notice that a great many of them have coalesced and formed the larger ones, he has numerous points in which there are fissuring, while there are still others that are covered with a blood caust, which has been caused by his scratching for relief. In this man, or others of his class, I would prefer to use Cod Liver Oil, and I believe that good results will always result from its use. A favorite plan of mine in these cases is to give two drachm doses of the oil and to add three drops of Fowler's solution to each dose which is given three times a day. In addition to the internal administration of drugs I always find that the cure will result the sooner by giving these patients a soda bath (ordinary washing soda), and following this with the use of the ointment referred to while speaking of case number two.

These cases will be kept strictly under the medicines given them today and they all will be asked to return some day that you are all congregated here so that you may see the result of these treatments.

CHRONIC PROGRESSIVE CHOREA.

(Hereditary Chorea; Huntington's Chorea.)

Report of an Interesting Case in a Negro.

By WILLIAM FRANCIS DREWRY, M. D., of Petersburg, Va., First Assistant Physician Central State Hospital for the Insane; Member of the American Medico-Psychological Association; American Medical Association; New York Medico-Legal Society; Medical Society of Virginia, &c., &c.

Written for The Charlotte Medical Journal.]

As the title of this paper I use the term "Chronic Progressive Chorea," in preference to the one usually employed, because my case is an isolated

one, none of her family, as far as known, ever having been affected similarly. It presents, then, only two of the three essential features of the disease described by Huntington in 1872. There is progressive mental deterioration, and not till adult life did the motor disturbances manifest themselves. There can be no question, says Osler, that cases with and cases without hereditary features present identical symptoms and course. And Dr. Lannois (*Prog. Med.*, Dec. 1, 1894,) says there are two types of Chronic Progressive Chorea, one in which heredity plays a part, and the other, heredity is absent. Sinkler believes there are two varieties of the disease—one in which the irregular muscular movements begin first, and, after a lapse of years, mental deterioration begins; the other, in which the mental disease begins before or simultaneously with the chorea.



Case of Chronic Progressive Chorea.

THE CASE.—B., a negro woman, twenty-four years old, married, mother of two children, both of whom died in infancy, laborer in a tobacco factory, exhibited, in September, 1889, symptoms of mania. In the course of six or eight months the mental excitement subsided, and the patient became quiet, docile and slightly depressed. In the spring of 1890, she was received into this institution. Physically, she has remained in a healthy condition. Mild, slowly progressive dementia, with more or less frequent outbreaks of agitation, disposition to tear clothing, and to be wakeful at night, have characterized her psychical condition.

Not till she had been in the hospital eighteen months, or thereabouts, were any peculiar motor disturbances noticed. The onset was insidious, and, like the mental deterioration, has been progressive in extent and intensity.

Beginning with slight "instability" of the muscles of the face, the movements have gradually affected the muscles of almost every other part of the system. At the present time, the facial muscles are in constant, irregular motion, the eye-brows elevated, the lids partially closed and quivering. There is decided nystagmus. (It is not often, according to Gray, that the external muscles of the eye are affected). Muscles of the mouth, tongue and deglutition, are involved in the same kind of activity, the teeth exposed (grinning), the tongue first protruded and then withdrawn, the jaws in a to and fro motion. These facial grimaces, which appear as if they were assumed, give the patient a most silly, ridiculous physiognomy.

Sialorrhœa is a most prominent and constant symptom. Saliva may be seen, at all times, foaming from her half closed, restless lips, and dribbling down over her chin.* This, I consider, a most interesting feature of the case.

The muscles of the neck, shoulders and back are so affected that the head is thrown in all manner of unusual positions, the shoulders drawn up or shrugged, and the body contorted in almost every conceivable way.

The hands and arms are moved in a slow, arrhythmic, purposeless, haphazard fashion. In attempting to pick up an object, the arm makes an irregular, sweeping movement, and the fingers are cautiously applied, but the grasp is soon relinquished. It is with difficulty she carries food and water to her mouth, and the food is masticated with a snapping, mincing, motion of the jaws.

The locomotion is quite peculiar, unlike that of any other affection, but somewhat like that of an intoxicated person. When standing, the body is in slight swaying motion. In starting there is a little hesitancy in the step. The patient cannot walk in a straight line, but goes in a circuitous, dancing manner, stepping lightly, suddenly stopping and then starting off again laterally, forward, and sometimes taking a step or two backward. Cannot go directly to a given object. Closing of the eyes does not aggravate these symptoms. The forefinger is carried in a zigzag course to a given point about the face, and sometimes fails to hit accurately the mark.

If the patient is in perfect repose, which seldom occurs, the movements may cease for a few seconds, but upon any attempt to use the muscle, or upon any disturbance whatever, the odd contortions reappear. The muscular disturbances, then, are but very slightly, and, for a limited time only, under the control of the will of the patient.

Almost at the inception of the motor disorder, speech became

*Fere has reported two cases of "Epileptic Sialorrhœa," which, together with results of physiologic experiments, lead to the opinion that the anterior section of the brain about the centres for face movements, contains a centre, which if excited causes the salivary glands to secrete more freely.

confused, due, probably, in a measure, to the muscular movements of the pharynx, the jaw and the diaphragm. She can scarcely utter a sentence. If a question is repeated once or twice, she answers it in monosyllables, her speech being nasal and indistinct. The mental condition, too, may have something to do with this speech defect.

When she was admitted to the hospital, she could read and write fairly well, but the power to do either seems to have been lost. When asked to write her name, she simply "scribbles," without forming any letter distinctly.

There is no perceptible alteration in any of the special senses. She may not be as susceptible to physical pain or fatigue as formerly. The tendon reflexes of the knee and elbow are decidedly diminished.

There is marked diminution of the pupillary reflex to light. Temperature is normal. Pulse-rate is accelerated to 95 or 100 to the minute. Respiration is 24 per minute, but regular. Tenderness of muscles or nerves has never been observed. There is no muscular atrophy or weakness. Menstruation is regular and normal.

The patient's mind, which, as stated above, was affected *before* the appearance of any motor trouble, has become progressively enfeebled till now it is almost a void.

The neuroses from which the disease under consideration should be differentiated are: Sydenham's chorea; hysterical chorea; Freidreich's disease; athetosis; palmus; locomotor ataxia; disseminated sclerosis; paralysis agitans and post-paralytic chorea. But close attention to the essential features of each of these will prevent any error of diagnosis.

In Sydenham's chorea the movements or twitchings are fibrillary and jerky. It is also a disease of childhood or early life.

In hysterical chorea the movements are rythmical, changeable and come on in distinct attacks like hysterical convulsions.

In Friedreich's disease Romberg's symptom is prominent. The motor inco-ordination, especially in volitional movements, is very noticable. In grasping an object the hand is held open, and balances itself, as it were before it is applied to the object. Then, the movements, which are truly ataxic and not choreic, affect a limited portion of the system, and there is no dancing, posturing, &c. Reflexes are abolished in this malady.

In athetosis the movements are more wary and gradual, but there is an alternate extension and contraction of the affected muscles, with more or less rigidity. Locomotion is stiff and awkward, instead of easy and supple.

Palmus, or "the twitches," may be readily eliminated by observance of the characteristic rapid, brusque, automatic, jumping movements which occur in paroxysms.

In *tabes dorsalis* the ataxic gait alone would be sufficient to distinguish it. Inco-ordination of muscular movements, the "lightning pains,"

and sensory impairment, would further establish the existence of this spinal disease.

Disseminated sclerosis is characterized by a true, genuine tremor, and "scanning, slow, jerky" speech.

Paralysis agitans, (shaking palsy,) with its shuffling gait, coarse, shaking motion, and peculiar *facies* could not be confounded with progressive chorea.

In post-paralytic chorea the persistent paralysis will help to clear up the diagnosis.

Fortunately, this incurable disease is rarely seen. Most cases occur between the thirtieth and forty-fifth year, and females are more liable to it than are males. Among the causes, heredity stand first. The emotions enter as an etiologic factor in some cases. Migraine and epilepsy are frequent concomitants. Its relation to insanity is close.

Race influence is, in this, as in some other neuroses, an interesting subject. The negro, according to my observation, rarely has chorea in any form. I have never known of but one or two cases. I do not recall the record of a single authentic case of Huntington's chorea in the African. Probably my case is the first and only one that has been reported.

The negro is, I believe, almost exempt from locomotor ataxia, paralysis agitans and delirium tremens. According to Dr. Robert Reyburn, of Washington, D. C., out of 5,000 patients received into the Freedman's Hospital only one or two were cases of delirium tremens. Epilepsy and hysteria, however, are quite common among negroes. I have seen and reported two cases of double athetosis in the negro. (See Virginia Medical Monthly for May, 1895). These matters, however, are not germane to our subject.

The treatment of Chronic Progressive Chorea seems to be absolutely futile. Medication in my case has yielded no permanently beneficial results whatever. The bromides, hyoscine, hyoscyamine, chloral, sulfonal, arsenic, quinine, electricity, and other therapeutic agents, have all been successively employed without any effect in curing the disease. The treatment can be only palliative.

"Son evolution est fatale, et la therapeutique est impuissante a l'arreter, ne fut-ce qu'un instant, dans sa marche progressive."

CONCLUSIONS.

After close observation of my own case and a study of several reported by others, I come to the following conclusions regarding Chronic Progressive Chorea:

1. That it is essentially the same affection as Huntington's chorea.
2. That it may or may not be hereditary.
3. That it is a disease principally of adult life.

4. That it is a separate and distinct disease, having a clinical history and a pathology of its own.
5. That the mental deterioration is progressive and may precede, accompany or follow the motor disturbance.
6. That it is often difficult to ascertain the cause.
7. That it is a very rare disease.
8. That probably only one case in the genuine negro has been reported.
9. That it is incurable.

Some Facts of Interest in Connection with the Question of the Existence of Syphilis or Leprosy in Ancient Peru.

By ALBERT S. ASHMEAD, M. D., New York.

Written expressly for this Journal.

Mr. Samuel Mathewson Scott, whose archæological researches in the Chira Valley, in Peru, are well known and appreciated, and who sent up a number of huacos pots and mummies to the University of Pennsylvania, writes to me that he has seen many specimens of pottery heads in which the face and features are marked and distorted by the effect of some disease. "While I disclaim," says he, "any pretence to be authority on the subject, I am inclined to believe that Peruvian civilization was of foreign origin, although there was unquestionably an indigenous, but very low grade race in the country."

He states that Mr. Cushing has made a discovery from the objects in his collection which is of far reaching importance. He has found that the lacquer art was familiar to the inhabitants of the Chira Valley, in remote times, and he asks: Was not this art distinctly Asiatic?

Mr. Scott has discovered shell mounds in the Chira Valley, but he is not of opinion that the people of the shell mounds could ever have risen, by their unaided efforts, to as high a level, as that offered by the Chiraniens. He thinks that before the coming of the Yuncas (barbaric tribe conquered by Incas and who had to pay their taxes to the Incas partly in lice, to accustom them by indirect influence to the principal uses of cleanliness), a shell mound tribe occupied the desert, and was exterminated or otherwise came to an end, before the arrival of the Incas.

Mr. Mercer has examined these shells, and identified them with the shell-fish of the Gulf of California, west coast of Colombia, Mazatlan and Valparaiso. He says:

"Roast or made into soup, they would be quite palatable, as palatable certainly as the periwinkle is to the North American Redman. Modern London eats tons of one of these snails yearly."

All of which has a direct reference to the question: The existence of syphilis or leprosy in Ancient America.

First. By the evidence of disease deformations on the pottery-heads of Peru, which may be syphilis, lupus, or leprosy.

Second. By the probability of a migration, which may have brought these diseases from their ancient habitat, East Asia.

As to the lacquer art of the Chiranians, it can hardly be considered as an Asiatic art; for in Asia, the substance is taken from the Urushi tree, which was not cultivated even in Japan, before the end of the 7th or beginning of the 8th Century. The tree itself was imported there. The art is historically Japanese.

Third. The existence of pre-Colombian syphilis among the Aymaras (or Yuncas) before their conquest by the Quechuas (Incas), would point rather to an antechthonous syphilis, or to an introduction of the disease long antedating the possible importation of the Japanning art.

Fourth. The shell-fish diet which this ancient tribe evidently lived upon, and which formed also the diet of West Coast Colombians, Mexicans, and those of Vancouver, seems also to indicate an immigration to those parts, of a very low race, subsisting on a fish diet, and thus predisposed to the development of diseases like tuberculosis, lupus and leprosy.

REPORT OF AN AUTOPSY.

Death Five Weeks After an Abortion.

By BYRON ROBINSON, Chicago.

[Reported for the Charlotte Medical Journal.]

Dr. Wood, of Cook County Hospital, kindly allowed me to examine the abdomen of a woman who died five weeks after her tenth abortion. She was ill three weeks outside the hospital, and the last two weeks in the hospital. It is the second most remarkable case I ever examined in an autopsy, the other case being with Dr. Louis Mitchell, in a case of ruptured ectopic pregnancy, where she fell down and died during the examination, on entering the hospital. Dr. Wood's case was 35 years old, well formed and nourished, as was shown by over an inch thick of fat in the abdominal wall. On opening the abdomen many viscera were adherent to the abdominal wall. The omentum covered nearly all the viscera except the middle third of the ascending colon. It showed almost universal adhesions and was firmly attached along its lower edge to the uterus and Fallopian tubes. In various places its folds and accompanying exudates circumscribed pools of pus, and in lifting the omentum several pus

pools were laid bare which lay between the visceral clefts. The omentum being reflected upward and backward and other visceral organs could be plainly inspected. Pus could be seen almost everywhere from diaphragm to pelvic floor. The tubes and ovaries were in a solid mass of adhesion and all bathed in pus, the uterus was of normal size and buried in exudates, adhesions and pus of a dirty brown color when spread out over the visceral surfaces, but of a yellow color when collected into well circumscribed pools. The appendix, three inches long, with a full mesentery, hung over the brim of the pelvis and was adherent to the psoas muscle where it crossed it. Recent peritonitis was evident on the appendix. The caecum lay on the pelvic floor, in fact both appendix and caecum were pelvic organs. On pulling up the caecum it was seen that an intestinal perforation existed, but extensive exudates and adhesions had circumscribed it and it was eoralled from the general peritoneal cavity. Pus bathed the whole pelvic organs. Pus, exudates and adhesive bands existed in numerous places between the intestinal loops and in the folds of the mesentery. The sight above the transverse colon was grewsome pathology. Dirty brown fluid with a large mixture of yellow pus smeared the surface of liver, stomach, colon and lesser omentum. The whole surface of the organs immediately under the diaphragm had a greenish tinge. The lesser omental cavity was universally covered with this discolored peritoneal product. The fluid to gain access to the lesser omental cavity must have mounted high enough to flow through the foramen of Winslow. But this it could easily do when the patient lay in bed. I particularly searched the lesser omental cavity and found no spot in it which was not highly varnished with this pathological fluid. The gall-bladder was almost entirely buried by inflammatory products of the peritoneum and the spleen had to be dug out of a solid bed. The stomach and liver were very adherent. In perhaps a score of localities in the peritoneal cavity there were smaller and larger collections, pools of pus which were entirely hemmed in by exudates or circumscribed by peritonic products. Such pools and puss collections were entirely separate from the general peritoneal cavity and were only discovered in tearing one viscus from another as it lay in its bed of exudates. Now it was plain to see with the eye, macroscopically, that where these pus collections were located that the peritoneal epithelium was abraided or destroyed. Even ulceration, destruction of tissue or solution of continuity existed. This was a prominent feature of the case, showing that the germs (perhaps streptococcus) thrive well, i. e., induce peritonitis in localities devoid of peritoneal epithelium. In one typical example there occurred an abscess between the under surface of the liver and the lesser omentum and when the pus collection was cleared away it was shown that the ulceration had perforated the gastro-hepatic omentum. The solution of continuity had extended through two peritoneal layers. Now so far as I could observe pus covered the whole of the peri-

toneum, but there was not general peritonitis. The peritonitis was local, in patches. Here a normal portion and there a portion inflamed and congested. Here the normal smooth, shining epithelium, and there the congested vessel injected full, and yonder the epithelium abraded, ulcerated, the shingles torn from their spongy bed. The right lung and pleura were extensively invaded and the whole right cavity was bathed in pus, and its viscus saturated with the same. In one place on the upper surface of the diaphragm a collection of pus had long located itself, and had almost destroyed the septum between the thoracic and abdominal cavity. What was the cause of this wonderfully wide invasion of pus? It was all secondary to the puerperal sepsis, leaking out of the fimbriated end of the Fallopian tubes. Lymphatic and blood vessels tell the tale of transportation of the germs through the wide field of the abdominal and right thoracic cavity. It is past understanding how one could live so long (five weeks) with the whole peritoneal and right thoracic cavities bathed in pus.

CONCLUSIONS.

In this case one learns that abortion is a dangerous process. That the death of the patient may be immediate from overwhelming infection of from slow (5 weeks) absorption.

That such infection may and can be carried from the ends of the Fallopian tubes or from the endometritium and endosalpinx to any portion of the body by the blood current or lymphatic current.

That peritonitis is seldom ever universal, even though the peritoneal cavity be bathed in pus.

That germs producing dangerous peritonitis are likely effective through abrasion of the epithelium. When the epithelium is abraded the germs multiply and the pools of pus in distinctly circumscribed localities is the result.

That the one serous cavity being infected others are liable to the same process as the serous sacs are all analogous through resisting infection in different degrees.

This autopsy shows that the patient could likely have been saved by a timely abdominal section, when the pus was located in its original locality—the pelvis.

We learn from this autopsy that the omentum made great efforts to stop the infective invasion by circumscribing pus.

The omentum is:

The great peritoneal protector.

The surgeon's friend.

The peritoneal man-of-war.

Kumyss in General Practice.

By FORBES GODFREY, M. D., Mimico, Canada.

Written for the Charlotte Medical Journal.

I venture to say there are but few general practitioners who are unacquainted theoretically with the subject of this paper, but who, time and again, have seen their patients sink before their eyes because they had no reconstructive, with the vast range of usefulness, that this article of diet undoubtedly possesses with which to tide those intrusted to their care over some crisis in the course of a long and severe illness.

It is true that their surgeries have been literally flooded with papers lauding to the skies certain proprietary articles with high sounding names in convenient forms, which are intended by their originators to take the place of Kumyss, not because Kumyss has lost any of its virtue, but it is so "difficult to prepare" they say, hence the proprietary manufacturer, always *so careful* of the needs of the poor over-worked disciples of Æsculapius, rushes to his aid, and as one writer for a proprietary article puts it, after describing the benefits to be derived from the old fashioned Kumyss, "I will not dwell on the methods of the manufacture of Kumyss, as it can now readily be obtained prepared for use, in fact I would advise against its preparation in the household or by the physician, the operation is a delicate one, it requires special knowledge and appliances for regulating temperature, &c. The new preparation K—n being in the form of a dry powder can be sent everywhere and the preparation of an excellent kumyss from it is a very simple matter."

Now with the statements made in the above I take issue in that

1st. I *will* dwell on a method of the manufacture of Kumyss, as it *cannot* be readily obtained by the general practitioner.

2d. I *would* advise its preparation in the household or by the physician.

3d. The operation is *not* a delicate one.

4th. And it requires no special knowledge and appliances for regulating temperature, &c., other than those given in this paper. I admit that the new preparation can be sent every where, but that an "excellent Kumyss" can be made from it I deny.

I would be sorry to think that the intelligent, wide-awake medical men of this vast up to date continent have not the mechanical and scientific ability of the Tartars who make up the nomad tribes of Eastern and Southern Russia, and who from time immemorial have prepared and used this beverage.

It is not my intention to make this an historical sketch, but I am acquainted with no subject in dietetic medicine which is of such historical

interest to the practical every-day physician as the evolution of this well-known beverage.

For over a thousand years we find its marks in the literature of Europe, but the honor of discovering its use as an article of diet and a therapeutic remedy belongs to a son of old Scotia, Dr. John Grieve, a surgeon in the Russian army, who in 1784 wrote a communication to the Royal Society of Edinburg, entitled "An Account of the Method of making a Wine called by the Tartars Kumyss, with Observations on its Usage as a Medicine." In this thesis it is interesting to note that he cites the benefit derived by two phthisical patients who, after a course of Kumyss during a sojourn among the Tartars, returned hale and hearty.

Gradually its fame spread as a reconstructive in all wasting diseases, notably phthisis, so much so that we find Drs. Postikof and Tchembalatof in 1858 establishing hospitals at Samara, in Eastern Russia, for the cure of phthisis by fermented milk.

The success attending their efforts was so marked that the Russian Government, in 1870, established a government hospital in the district of Kazan, where the Kumyss cure was to be carried out, the results from which have been highly satisfactory. Now if Kumyss was instrumental in curing Russian soldiers on the Bashir Stappes, why not use it more frequently as a therapeutic agent here.

During the first years of my practice I recognized the great benefits to be derived from its use, but every plan I tried in manufacturing it failed until after a series of experiments, I have reached the following method, the details of which, if followed closely, will give every medical man, no matter where he is located, a means of making his own Kumyss, and by doing so increase his dietetic resources.

The following articles are required :

1st. A half a dozen lemon sour, or Champagne bottles, the thicker the glass the better.

2d. A wooden cork-driver. Do not get one of metal, as it is liable to break the bottle.

3d. Quart Champagne corks—tapers will not do.

4th. Strong coarse twine ; and just here I would suggest if you do not know how to tie a cork into a bottle obtain the necessary information at once.

5th. Granulated Sugar.

6th. Fleishmans yeast. This yeast I found gave the best result, but if it can not be obtained the Royal or any other guaranteed yeast would answer.

7th. A Lawrence Champagne tap. This is the best tap I am at present acquainted with—it is manufactured by Theo. Ricksecker, New York.

Now have the bottles thoroughly cleaned and make your mixture in the following proportions :

Sugar.....	℥ iss.
Yeast.....	gr. xv.
Milk.....qs. ad.....	℥ xviii.

Fill bottles with the above combination to within three inches of the mouth ; now put cork in with driver almost flush with top, (soak corks in hot water for a few minutes before using,) tie your cork in and place the bottles on their sides in an ordinary wash boiler, three parts filled with water at a temperature of 110° F.; cover and leave without any interference for twelve hours, i. e., do not trouble about temperature of water after first taking it. Then remove bottles from boiler and place them on their sides in cold water or on ice. It is now ready for use, and this is the only point at which I wish to sound a note of warning, never handle a Kumyss bottle with the head pointing up ; before you tap envelop the bottle in a coarse cloth, for remember you are dealing with a highly explosive mixture, and for the same reason tap the bottle while lying on its side. These directions as to caution may seem needless, but any person who has had a Kumyss container explode in their hands generally follows them without further comment.

When Kumyss is once made by the above method I think the bug-aboo of its manufacture will vanish, and the country practitioner will have added a powerful reconstructive to his now too meagre list.

Containing, as it does, after 15 hours fermentation, about 16 per cent. of alcohol, which combined with carbonic acid, raises the arterial tension and assists assimilation, producing by this means a feeling of exhilaration. It acts as a gastric tonic, thus aiding the appetite.

The functions of the kidneys and skin are stimulated. It also favors sleep. On account of its being highly effervescent and acidulous, it is very easily handled by the most irritable stomach, acting in this condition as a sedative.

Its nutritive value is due to the casein of the milk which the process of fermentation renders more easily digested and assimilated.

It is, therefore, indicated in the vomiting of pregnancy, during lactation as a galactagogue, and in the gastro-intestinal diseases of childhood.

It ought to take the place of milk in the management of typhoid fever. In short it will be found an admirable remedy and food in diabetes, albuminuria, acute and chronic alcoholism, gastric ulcer, and the various forms of cancer and dyspepsia.

In those diseases as anæmia and syphilis, where the blood is impoverished or poisoned, or in phthisis, where the tissues are undergoing rapid waste, there is nothing which gives such satisfaction as the use of Kumyss combined, of course, with the recognized medicaments for the treatment of these diseases, not because it has, strictly speaking, any specific action,

but it is beyond a doubt the most easily digested food that could be employed, and the patient, even after protracted use, very rarely tires of it, as they almost invariably do of milk in its crude form.

Before closing this imperfect description it might be in order to give a formula for the preparation of a beverage allied to Kumyss, and which, for the want of a better name, might be called *Koumysene*.

Any mechanic, with ordinary Yankee ingenuity, ought to be able to make the moulds required for the tablets, which are in two sizes, of the following strength:

No. 1.	Acid tartarie.....	3 iss.
No. 2.	Soda bicarb.....	3 ii.
Now take		
	Sugar	3 iss.
	One Tablet acid, Tartarie.....	
	Milk.....	3 viii.
	Aquæ.....qs.....ad.....	xvi.

Then add a tablet of soda bicarb, bottle same as Kumyss, shake until dissolved, when it is ready for use. Where it is impossible to make the Kumyss this mixture might be made to take its place, for instance, where the patient is travelling he could take his tablets with him, obtain the milk and at a moments notice have a very good substitute for Kumyss and at the same time be made to realize that his medical adviser at least did not believe the use of drugs to be the whole "art of medicine."

Some Facts Concerning the Treatment of Diphtheria.

By O. W. BRAYMER, A. M., M. D., Ph.D., Camden, N. J.,
Gynaecologist to the Camden City Dispensary: Physician to the Camden
Home for Friendless Children, etc.

Written expressly for this Journal.

When we are called to battle with disease of such a deadly nature as diphtheria, it is truth, tried and found useful that becomes of advantage and assists us in rescuing our patient from the clutches of the destroyer. Science by means of the microscope and culture tube has demonstrated beyond cavil the infectious nature and contagiousness of diphtheria, and investigations of sanitary science have proven that this disease could be wiped out if perfect sanitary and hygienic surroundings could be obtained.

Yet conditions of life are such that this is not possible at the present time, and never will be until our government takes hold of the question and establishes a bureau of Public Health, with a cabinet officer at its head, to direct State medicine and sanitation, and compel the masses to know more of practical sanitary science.

All that we can do at this time is to teach the people in our communities the necessity of cleanliness, both of the person and of the surroundings. Many people think they know much about these questions. But

too many believe they have had a bath when their faces have been washed, and likewise they feel that their houses and surroundings are in a good condition if their door steps have been freshly scrubbed.

They only look and think about the outward appearances, when in truth there may be dozens of places within, swarming with the germs of disease. These sources of infection may be poor drainage, infected domestic animals, or a dozen other conditions that contain the deadly bacteria, yet they are overlooked, and these destroyers of mankind are awaiting a favorable opportunity to attack some of the inmates of the home and cut them down.

We have been told that to have a healthy child we should begin and treat its grand-parents, and the same argument holds good in preventative medicine, if we desire a population that will wipe out and keep itself free from diseases like diphtheria, we must educate the people, and to do this effectually will take more than one generation. Each school district should have a competent physician employed whose duty would be to teach the children practical sanitation and hygiene both of the person, the home and the community.

These truths thoroughly instilled into the young minds will bring forth good fruit in after years, and are just as essential to good citizenship as are the fundamental studies, reading, writing and arithmetic, and will have much to do with the practice of preventative medicine.

And this brings me to my first proposition, which is as follows, viz.:

The first and best treatment of diphtheria is prevention. And when our health authorities are chosen from scientific men and not from petty politicians, who understand little or nothing of hygiene and sanitary science, these things will stand some chance of being accomplished. The millenium of freedom from disease has not come as yet, but the onward roll of science has given us a forewarning of it, especially in regard to contagious and infectious diseases.

We believe that prevention is better than cure, and feel that the physician who will teach the principles of preventative medicine effectively has done more real good than the one who has cured hundreds of cases. As to the medicinal treatment of the disease: 1st. let us say that while antitoxin has been lauded highly, yet it is too soon to believe all we hear about it. While we believe that it, like the nucleins may have some good qualities in being able to battle with the ptomaines of the disease and aid the blood to destroy them, yet personally we are satisfied with the local treatment of the disease with antiseptics, especially since it has been so successful in our hands. Believing, as we do, that diphtheria is primarily a local disease and that all systemic effects are due to the action of the ptomaines which have been absorbed, we can see nothing more rational than local treatment. We consider it of prime importance, and the earlier it is begun the better results we may expect to obtain.

Internal treatment can only be of use in so far as it sustains the patients and counteracts the effects of the ptomaines already absorbed. This latter the blood will do if proper nourishment and stimulants are assimilated.

The treatment which has given me the best results, and has given me one hundred per cent. of recoveries in over thirty consecutive cases of diphtheria, has been the local use of a solution of creolin in water of a strength of from one to three per cent., depending upon the case. Great care has been taken to exclude doubtful cases and the results have been very satisfactory indeed, and we firmly believe that our treatment is on the right principle.

The internal treatment has been plenty of nourishment, whiskey and brandy and strychnia as indicated, and a tablet containing zinc. perri chlor., three minims hydrag. chlor. corros. one-sixtieth of a grain, and tincture of aconite root one-fifth of a minim, given with or without dissolving, depending upon the case, every two or three hours.

While this treatment has been and still continues to be the best I have found, yet, to apply it satisfactorily needs patience, care and great attention to details. For the local use of antiseptics in these cases, the location of the disease, and the peculiar characteristics of the patient, must decide the method of application to be employed. By this we must determine whether we should use the spray or irrigation, gargle or inhalations of vapor, or direct application with a swab. We cannot afford to overlook the little technicalities of treatment which have so much to do with success. We must not despise little things.

That physician who is satisfied when he outlines a course of treatment, trusts to nature for results, and does not take the time to show how and where the application should be made is far from doing his duty. He is worse than no physician at all. He complicates the case by giving orders that attendants do not know how to carry out intelligently. Give specific instruction in every point of treatment, make applications yourself and show the nurse just how and where you want the medicines applied. And this brings us to the subject of caring for the patient.

Good nursing is imperative. Without it success cannot be expected. No matter how trivial any thing may be, if it is worth doing at all it should be well done. We should have a nurse that believes this, as well as the physician. Because no matter what you use unless it goes to the right place, at the proper time, it is of little value.

In every case, where it is possible, a trained nurse should be employed. But the fact of her being a trained nurse is no reason why she should not be instructed in every detail, or why a physician should take any less interest in his case.

Trained nurses sometimes, we feel sure, develop lazy physicians. This should not be true. When a trained nurse cannot be obtained a

member of the family, who can be trusted, should be selected and taught how to wait on the patient and make the local applications, give medicines, etc. Military regularity and exactness must reign in the treatment of every case, if the best results are to be expected.

For those cases, where neither a nurse nor a member of the family can be found competent to care for the case, a municipal Hospital should be available. This latter should be established in every city, and strict laws should be enacted and enforced compelling indigent persons to be sent there as soon as the disease is found affecting them. By this means many sick people could be saved, and the well ones in the community would escape infection.

Diet and Dyspepsia.

By W. E. ANTHONY, M. D., Providence, R. I.

Written for The Charlotte Medical Journal.

A healthy condition of the digestive organs is not always assurance of good digestion. Perfect digestion is dependent to a great extent upon mental conditions. Good humor, quietness of mind, freedom from worry are important factors. Melancholy is a near kin to dyspepsia; and as a sudden knock down blow on the stomach may be instantly fatal, so a number of petty blows dealt to it in the way of bad or improperly prepared food, will shorten life and make its duration uncomfortable.

In the consideration of the subject of diet, a question which meets us at the outset is, which is the more harmful, to eat too much or too little? Which is preferable, abstinence or satiety? It is easy to say keep a middle course, but this is not always readily defined.

When the nutrition of the body is carried on in a normal manner there exists a certain definite ratio between repair and waste. In an ideal dietary the amount of force generated should be sufficient to maintain this ratio at a normal standard.

The natural diet of man is a mixture of animal and vegetable products with one mineral—salt.

The ultimate use of food is to construct tissues or repair them when destroyed by wear, and to furnish force necessary to the body, muscular, nervous secretory, etc. Flesh, blood and bone need for their construction the phosphates derived from both animal and vegetable life.

Too exclusive an animal diet renders persons subject to inflammatory attacks, and too exclusively a vegetable diet reduces the strength. Climate modifies this to a considerable extent. Instinct teaches the natives of very hot or very cold countries to adapt their diet to the climatic conditions. Those living in warm dry countries thrive on a vegetable diet which would not sustain life in a very cold climate. The coarse, fatty diet of the in-

habitants of Northern Greenland and Lapland could not be used by the Hindoo or African.

All the varieties of animal food may be eaten by persons who have perfect digestion. This class, however, especially in cities, is in a minority. It is, therefore, a matter of interest to indicate the precedency in value of the digestibility of various kinds of flesh foods.

Beef and mutton are easier digested than veal and lamb, a circumstance which is dependant partly on natural causes, and in part on the custom of whitening the flesh of younger animals by repeated bleedings, which changes the muscular fibres of the meat. A weak or delicate stomach will digest mutton better than beef, while a robust person will derive more nourishment from beef than mutton.

Pork in its various forms, ham and sausage, is not easily digested. Of poultry, turkeys and chickens, are excellent foods. Geese and ducks are not suitable for weak stomachs. Most of the foods generally classed under the head of game are easy of digestion.

Fish forms an agreeable variety of diet, but a poor staple food. It is less stimulating than meat and may be substituted for it once or twice a week. Shell fish are generally easily digested, but in some persons they produce an eruption of the skin, which causes an intolerable itching and with it, sometimes, severe constitutional disturbance.

A diet composed of milk with the addition of bread or other faraceous food is one which is of value for persons of advanced age, whose digestive organs partake of the general debility experienced at that time of life. Also in young children and convalescents from disease. Bread made from gluten flour is much preferable to that ordinarily used, since it contains certain portions of the grain which are discarded in the usual manner of grinding the wheat.

Vegetables are, for the most part, easy of digestion, and some of them possesses marked medicinal qualities. Spinach and asparagus have a direct effect upon the kidneys. The common dandelion used as greens has an action upon the liver, as also do tomatoes when eaten raw.

Dyspepsia is so common in this country that it may justly be called the national disease. At least one in every four or five persons suffers from it in some of its forms. The terms dyspepsia and indigestion are frequently, though improperly, used synonymously. The first means, "hard to digest," while indigestion means, "impossible to digest." In the first case an article which could not be digested in two or three hours might be in seven or eight, while in the latter case some articles of food might not be digested at all.

Among the causes of dyspepsia are, errors of diet, eating too much, too fast or too often, nervous conditions, worry, anxiety, grief, etc.; close mental application without sufficient muscular exercise.

The first operation in the process of digestion is mastication of th

food. This serves a double purpose—divides the food into small portions so that it may be the more quickly and thoroughly acted upon by the juices of the stomach, and, by the secretion and admixture of saliva with the food, moisten it so that it may easily be swallowed. It also changes the character of it, by chemical action, converting the starchy constituents into sugar. Persons who have poor teeth, or none at all, are dyspeptic from the reason that the first step in digestion cannot be properly performed.

The same result obtains if one eats too fast; time is not given for the requisite sub division of the food and the admixture of saliva. Eating too much or too often will throw more work upon the digestive organs than can be accomplished well in the usual time. A certain amount of food well digested will make good blood, but if a large amount is to be digested it will be imperfectly done and the blood produced will not be pure. When it shall be taken up, through the usual channels to the heart, and being there mixed with the other blood of the body, the whole is rendered less pure. This blood being carried to every part of the body, owing to the imperfect nourishment it supplies, may cause unnatural feelings in parts remote from the stomach, where the cause of the trouble originated. This will explain sensations often ascribed to other causes by dyspeptics, such as headache, pain in the back, some forms of neuralgia. Palpitations of the heart and sensations of suffocation are often experienced. All these and other symptoms, may occur without any feeling of distress in the stomach.

It is the experience of most physicians that the majority of patients who consult them for supposed heart disease are dyspeptics.

Gastric digestion may be impaired by an excess or a diminution of the gastric juices. In acid dyspepsia, the acid which gives the disorder its peculiar characteristic is usually lactic, but occasionally it is hydrochloric. The excess of lactic acid may be the result of a prolongation of the natural lactic acid stage of digestion, or it may be furnished by the grape sugar developed from the sugar of the dietary. A part of it may be grape sugar resulting from the action of the saliva upon the starchy portions of food. The cause of the prolongation of the lactic acid stage of digestion is the deficiency in hydrochloric acid which ought naturally to take the place of the lactic.

In those cases where acidity is caused by a super-abundance of hydrochloric acid, the excess of acid manifests itself in two ways, (a) when the acid is poured out with a gush immediately upon the introduction of food; (b) where it accumulates in the stomach during fasting. In both cases the effect is to neutralize the alkalinity of the saliva too soon, and thus prevent the digestion of starchy food which accumulates in the stomach and becomes an encumbrance.

Dyspepsia may be caused by eating too little; not a few have dieted

themselves into dyspepsia. Every part of the body derives its vigor from the food eaten, and if the stomach itself is deprived of requisite nourishment it becomes too much weakened to properly digest anything.

Dyspepsia may be caused by too close mental application. Study or mental work immediately after a hearty meal uses up the nervous energy that should go to the stomach, by appropriating it to the brain. Such work habitually continued will produce debility of the stomach, and consequent inability to convert the food into healthy blood.

There is a difference of opinion as to the effect or propriety of using water freely as a drink with meals. Some think that fluid taken in considerable quantity at that time dilutes the gastric juice and so retards digestion. When ingested with meals it is not unlikely that it may do good by washing out the digested food and exposing the undigested portions more thoroughly to the action of the digestive ferments.

The good effect of water drunk freely before meals is undoubted. A glass of hot water *sipped* half an hour before eating will wash away the mucus which accumulates during the period of repose. The stomach thus cleansed is in better condition to receive food and convert it into soluble compounds.

This article is not offered as a scientific presentation of the subject of Dyspepsia and Diet, but more in the nature of a clinical talk to call attention to matters with which we are all more or less familiar, but which from the very fact of our familiarity, paradoxical as it may seem, are frequently overlooked, or not considered, when a case of impaired digestion presents itself. The attention to diagnosis and suggestions for treatment assuming more importance in our opinion at the time; the cause being lost sight of while trying to remedy the effect.

The Plaster of Paris Splint as an Adjuvant to Orthopedic Surgery.

By SAMUEL E. MILLIKEN, M. D., Surgeon-in-Chief of the New York Infirmary for Crippled Children: Surgeon to the Infants and Childrens Hospital, New York.

A Lecture Reported by Howell B. Gwin, M. D., of Atlanta, Ga.

The Plaster of Paris splint has for many years been employed by the general practitioner with varying results. It is not an unusual occurrence to hear of suits for malpractice in cases treated by this device, particularly so when in the hands of men who are not exclusively engaged in surgical work, and yet, it is this class of the medical profession which should be able to use or make an impromptu surgical support in emergency cases.

PLASTER OF PARIS BANDAGES.

The unsatisfactory results so often obtained can many times be traced to the manufacture of the Plaster of Paris bandage, and, therefore, every

physician should be able to avoid this mistake. The bandages of the shops, such as are obtained for an emergency, will not infrequently have been in stock six months or longer, and when applied will rarely set satisfactorily. One rule that should never be overlooked, if any such doubt exists as to the freshness of the plaster, is to drive out any accumulated moisture by first baking the bandages. In orthopedic work, where rarely any emergencies arise, it has been my practice to have the bandages made on the day they are to be used.

MATERIAL AND MANUFACTURE.

The best quality of cross-bar crinoline should be procured, and, after having the starch washed out and subsequently ironed smoothly, should be torn in widths varying from three to five inches, and three to four long. The best quality of dental plaster, which comes in two gallon buckets, should be rubbed in while the bandages are being rolled, and as yet no mechanical device for making these bandages quite equals those made by hand. These bandages should not be rolled too tightly, nor should the amount of plaster be excessive. Each bandage should be snugly wrapped in paper and preserved in a closed vessel and kept in a dry place. The tepid water used for immersing the bandages should first have a large handful of salt placed in it to insure the setting of the plaster. The bandage when put into the basin of water should never be stood on the end, because, first, the saturation is not as complete as when laid on the side, and second, if the bandage is only grasped by one end a great deal of the plaster will be lost in the basin from the other. It is, therefore, important after complete saturation of the bandage, which can be told by the ceasing of the bubbles in the water, that it be taken in both hands, one at either end, and the excess of water be squeezed out and yet lose the minimum amount of plaster.

APPLICATION.

The joint to be immobilized and the nature of the lesion materially influences the mode of application.

CASE I. This little boy, who is eight years of age, has an acute traumatic synovitis of the knee; the joint is quite sensitive and the effusion can be distinctly made out. Here we want the most perfect immobilization and a uniform pressure throughout, and, therefore, I shall apply this plaster direct to the skin, first vasalining the whole limb and only putting two thicknesses of the roller bandage at the prospective upper and lower extremities of the splint. The vasaline is hardly necessary in this case as it is only applied to prevent the hairs of the limb becoming adherent to the plaster. The turn of the roller bandage at either extremity of the plaster prevents sharp edges injuring the soft parts. About three thicknesses of plaster distributed uniformly and thoroughly rubbed while it is setting gives perfect immobilization, which is renewed from time to time

as absorption of the joint exudation and peri-articular infiltration subsides. During the treatment, it is needless to say, the joint surfaces should be thoroughly protected against injury, and, therefore, the patient should be kept in bed or made to walk on crutches, a high shoe being worn on the unaffected foot, so as to prevent even the toes of the diseased side touching the floor or ground. In the course of three or four days we will probably have to renew this dressing if it becomes loosened upon the subsidence of the swelling.

CASE 2. *Flexion and Adduction Following Hip Disease.* This girl, who is 9 years of age, is now convalescent after having had hip disease for four years. During that time she has had an abscess which was opened and healed. Although she has worn a protection splint during a part of that time there is an actual shortening of three inches, due to absorption and displacement of the head of the femur, while the limb is flexed and adducted so as to make it about five inches shorter than the unaffected side. Under ether anæsthesia we find only a limited motion of the joint which clearly demonstrates that we have to deal with tendinous contractions and not muscular spasms. It is, therefore, necessary to tenotomize the structures attached to the anterior spines of the ilium and the adductors as well. By this procedure we are able to bring the limb parallel with its fellow.

DRESSING.

These subcutaneous wounds are dressed with iodoform gauze, and the whole limb is placed in a plaster of paris hip-spica extending from the meta-tarsus to the margin of the free ribs. The limb having been first covered with two thicknesses of ordinary roller bandage, the plaster is applied while the assistant holds the limb in the corrected position. In the course of three or four weeks this patient can walk on crutches, and in six weeks the plaster will be removed and a high shoe placed on the foot of the short leg, no further apparatus being required.

CASE 3. *Contractures Following Infantile Paralysis.* This boy, who is 12 years of age, was attacked by anterior polio-myelitis at the age of eighteen months, involving certain groupes of muscles of both lower extremities, and has never walked since. During these years he has assumed constantly the sitting posture with the limbs drawn up, both thighs and knees in extreme flexion, the right foot in equinus and the left in calcaneus. Two weeks ago the flexors of the thigh, the ham string tendons and the tendo-achilles of the right side were cut subcutaneously under ether anæsthesia, and after partially correcting these deformities by manual force, hip-spica was applied. To day we shall only tenotomize the thigh flexors of the left side and apply a plaster of paris bandage so as to make a complete double hip-spica. The object in performing these operations is with the hope of entirely correcting these contractions so as to enable the patient to walk with properly adjusted splints.

Another method of treatment is by excision of one or more joints, which leaves the patient with stiff, or what is practically "peg legs." These excisions, of course, have their disadvantages, but they are the only means by which we can ever hope to dispense with the use of apparatus in this class of paralytics.

CASE 4. *Cervical Pott's Disease.* This girl of 12 years was sent to me by Dr. Howell, of Newburgh, N. Y., who had diagnosed caries of the upper cervical vertebrae. In the course of the disease she has had a retro-pharyngeal abscess which has been opened on two different occasions. As I propose later to apply a spinal brace with chin and head rest attached for the purpose of immobilization, in the meantime a collar is made of plaster of paris which supports the chin and head, and rests on the shoulders. In the treatment of Pott's disease of the spine by means of the plaster of paris jacket I usually employ the hammock method in preference to suspension in its application. My reasons are quite obvious when you consider the fright induced when a child is suspended by the head and arms. Another contrary indication to suspension is in cases with heart, or those suffering from paraplegia due to pressure on the spinal cord.

Death in Acute Pneumonia.

Bollinger (Minch. med. Woch., August 6th, 1895,) mentions that death in acute pneumonia is usually attributed to (1) inefficiency of the lungs owing to extensive consolidation; (2) severity of the infection, as in septic forms of pneumonia; (3) complications, such as meningitis, pericarditis, etc.; (4) heart failure, which may be due to inherent weakness in the heart, or be brought about by the pneumonic infection. Individual resistance is also an important factor. The author draws attention to two facts noted after death from acute pneumonia:

1. The general anæmia of all organs.
2. The absence of so-called collateral hyperæmia in parts of the lungs unaffected by the pneumonic process.

The author would attribute this to the extensive exudation, which robs the blood of its most important elements. The results of this exudation are practically similar to those produced by the recurrent internal hæmorrhage noted in some of the infections. The leucocytosis seen in acute pneumonia is a regenerative process to compensate for the loss to the blood occasioned by the exudation. Thus the author thinks that the critical collapse manifestations in croupous pneumonia, and the fatal cardiac insufficiency are due to the oligæmia which leads to an inadequate nutrition of the cardiac muscle. Finally, he draws attention to the harm done by blood letting. Fluid should be administered by all possible methods; perhaps even the infusion of saline solution should be adopted to compensate for the oligæmia.

The Treatment of Diabetes Mellitus.

Robin describes in detail the medical treatment—"alternating treatment"—which he prescribes in diabetes. He believes that in this disease there is an increased activity of the chemical changes of general nutrition, and of the hepatic cells in particular, which is the result of increased activity of the nervous system. Hence he recommends drugs which diminish the activity of these general changes by acting primarily on the nervous system. The treatment is divided into three stages:

1. For four days a powder, containing about 15 grains of antipyrin and 8 grains of sodium bicarbonate, is given twice a day. In addition cod liver oil is taken twice a day with the meals, and Seignette salt as a morning purgative.

2. At the end of four or five days the antipyrin is discontinued, and sulphate of quinine prescribed—about 6 grains in a cachet at the midday meal. This is taken for six days, then discontinued for four days, and afterwards taken again for six days. Before the morning and evening meals a cachet is recommended containing arsenate of soda, carbonate of lithium, and codeia.

3. After fifteen days these drugs are discontinued, and the author prescribes, for ten days, a pill containing opium, belladonna, and valerian. The cod liver oil is discontinued, and the patient is allowed to drink a weak solution of bicarbonate of soda (1 in 125).

In the case of nervous women, or if there should be intolerance of the opium and belladonna pills, 15 grains of potassium bromide are given two or three times a day for eight days. In addition to the medical treatment the diet is regulated. On account of the loss of inorganic salts in diabetes (demineralisation) the author recommends the food to be well salted; to supply potassium salts he advises green vegetables, especially cabbage and endive, and also a weak solution of potassium tartarate to dilute the wine taken at meals; and to counteract the loss of phosphates of magnesium and calcium he prescribes glycono-phosphates of lime and magnesia. He also recommends bouillon on account of the inorganic salts which it contains. If sugar is still present in the urine after the third stage of the medical treatment above mentioned the course is recommenced. After a second course, whether sugar has disappeared or not, the drugs are discontinued for one month. Robin has treated, by this alternating method, 100 cases of diabetes, in each of which the daily quantity of sugar excreted was 100 grammes or more. In 24 of these recovery has occurred; in 25 recovery is still doubtful; in 33 there has been considerable and permanent improvement; in 18 the results have been negative.

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RECIPROCITY IN REGISTRATION.

In view of the fact that nearly all of the various States have succeeded in having established boards for licensing practitioners of medicine, it would conduce to the convenience of many if some form of reciprocity in registration could be secured. If some agreement could be made between State boards having the same standards of requirements for candidates for licenses, so that an examination in one State could serve for registration in another, it would remove what, to some, is a great source of annoyance. It is but just to a physician who having once passed successfully an examination to test his ability and qualifications to practice that he be permitted to exercise this privilege whenever the requirements of the State are the same. To put a candidate to the trouble and expense to show what he has already demonstrated before legal and competent authorities is a hardship and unnecessary in every sense of the word. If the examination is made with a view of testing his capacities, this done once should be sufficient. It should be so arranged that a physician once qualified should remain so in any State where the standards are the same as the one qualified in. Under the present methods of examination the licensed practitioner of the board of North Carolina would be eligible to registration in any State in the Union, with the possible exception of New York. In the latter State the board demands a preliminary education in the elementary branches such as would render a person capable of being a teacher in the Common Schools before he can appear before the board. There are, doubtless, numbers of bright young men in the profession in this State who have aspirations to become practitioners in the future in other States. They should not be handicapped or debarred by a mere matter of form which serves no useful purpose, nor benefits any one. Let our board arrange some method for reciprocity of registration in the other States.

THE RATIONAL TREATMENT OF BRONCHITIS.

It has been stated that the U. S. Dispensatory enumerates more than fourteen hundred different remedies as suitable for bronchitis. If the difficulties attached to the cure of a disease be indexed by and proportionate to the number of remedies suggested for its removal, then surely bronchitis were a terrible malady. No disease demonstrates the want of discrimination and ignorance better than this one. Judging from the incessant stream of prescriptions which continually floods the columns of medical publications this is the most irrationally medicated complaint in existence. How often do we see the various stimulants, sedatives, tonics, expectorants and nauseants combined in one and the same prescription, all to be taken together regardless of their properties or physiological action. Some ingredients to arrest secretion, others to promote and still others to act in a way totally unknown.

Clinically bronchitis has three stages, and the remedy employed should vary with the stage in which it is used. Each stage demands a different form of medication, if we would treat it successfully and intelligently. The first stage is characterized by congestion of the membranes, dry harrassing cough, and soreness in the substernal region. For this condition such substances as dilate the capillaries, lessen the activity of the heart and promote the secretion of mucus should be used. To this class belong ipecac, tartar emetic, lobelia and jaborandi. They should be given alone or in combination with others of the same class possessing similar physiological action. They relieve congestion and promote the secretions of the bronchial tubes.

In the second stage, with free secretion, lessened pain and the abatement of fever, we now look to the arrest of the secretion, a removal of the debris from the lungs by the use of heart stimulants. For this purpose we employ the ammonias, squills, senega, benzoin, the balsams and terebenthinates. These heighten the tension in the vessels, stimulate the heart and finally arrest or lessen the secretions in the pulmonary structure.

In the succeeding third stage, when we have more or less expectoration with cough, we employ the heart tonics in combination with the hypophosphites and tar preparations. By pursuing these methods we treat this disorder from the rational standpoint and meet the different stages in accordance with the pathologic conditions to be overcome.

Conglomerate cough syrups are an abomination to the sick and a delusion and a snare to the doctor.

Dr. Frank Parsons Norbury, who recently removed to St. Louis to assume the editorial management of the Medical Fortnightly, has been elected to the chair of Practice of Medicine and Clinical Medicine in the St. Louis College of Physicians and Surgeons.

THE PRIMEVAL FACTOR IN VITALITY.

The function of nutrition or metabolism is the oldest in the history of animal life. It is the first to appear, remains throughout, and continues supreme. In the course of evolution a nervous system is superadded and developed in the higher forms of life to a degree where it regulates and controls all the different bodily functions. Yet with all this progress and differentiation the nervous system never achieves complete independence of the nutritive function, but continues subordinate in a measure to the relations formed in its early history. The energy generated by and attendant upon the bio-chemical changes of the nutritive organs originate and maintain the entire series of nerve impulses transpiring throughout the organism. They constitute by virtue of their original history the initial factors in the complicated vital processes and not the nervous system as usually taught.

The heat and energy liberated by the metabolic of the viscera is transferred to the nerves in form of stimuli, and their incessant impulses are due to the energy derived from this source and not to inherent qualities in themselves. The original factor in vitality is the molecular changes associated with nutrition. Seen in this way the nervous system and mechanism is passive and receptive to the stimuli emanating from organs in its media. It is simply the medium of one vast reflexion as acted upon and influenced by stimuli in its external and internal media. The importance of stimuli originating in the internal media has not been heretofore recognized, though the fact remains that it modifies and controls to a large degree physiological and psychological phenomena.

In various disorders associated with the metabolic conditions of the viscera there are associated mental states dependent upon the particular organ involved and the character of the disease. The nutritive, respiratory, muscular and generative functions are all accompanied by states of feeling which are more or less modified by diseases in the heart, lungs, stomach, liver, kidneys and generative organs. These are but the manifestations of stimuli originating in these several organs of the internal media and they blend with and modify the effect of stimuli coming through the five senses from without. The internal stimuli act largely as *motors*, and determine emotions, impulses, desires and sentiments and colors them as the conditions may warrant. That they control delusions, illusions and hallucinations and constitute their ultimate physical basis is very probable. It is the task of physiologic psychology to investigate the seat and phenomena of these various influences. The direction in which it should proceed is indicated here.

What is It ?

On the 20th of May last I was summoned about 11 o'clock, P. M., to the bed side of one Miss R. H., a good looking girl of seventeen. On arriving I questioned her as to what hurt her, and with a far-off look she answered that she had taken colic about 12 o'clock, and that she could not get rid of it. But on examination I found that it was the kind of colic that, as a rule, terminates on or about the 28th day. So in about one hour I delivered her of a twelve pound male child.

From all appearances the child had been dead at least a week. Being a well developed girl the labor was not so severe as we oft times see. She made good her recovery in or about three weeks, at which time she was up and about. Now in thirty days I was called again to see her. I found her coughing, and had been for a week; temperature 102, circulation 150 or 160. She expectorates but little, a white glaring mucus; appetite good. Her secretory organs seem to be normal. She has had no pain (which is the strange part about it) except in her feet and ankles, which is almost *constant* and intolerable, and which nothing seems to relieve except an opiate. There are no sores on the feet or ankles, neither are they swollen, or ever have been. Now how she stands a heart action of 120 or 160 per minute, accompanied with that intolerable pain is one of the why's I ask you, what is it?

J. J. RONE, M. D., Pineville, N. C.

Cure of Uterine Disease by Vibrations.

Bourcart (Lancet) would revolutionize uterine therapeutics by extending Brandt and Kelgren's principle of using manual vibrations to ensure absorption of inflammatory exudations. In the case of the uterus instruments are required. Liedbeck has already invented a good apparatus for producing vibrations by electric means. In the case of the uterus the vibrations must be rapid, very regular, and penetrating. The vibrations can be perfectly transmitted through the abdominal walls. Bourcart, acting on the knowledge of these facts, has contrived a portable dynamo, to which he fits on a vibrator, which he places with his right hand against the parietes. The uterus is pushed towards the parietes by the left forefinger passed into the vagina. In the same way the Fallopian tubes and ovaries may be pressed in the direction of the vibrator. Bourcart declares that subinvolution is particularly benefited by the vibration treatment. In metrorrhagia from fibroids it is equally useful; the tumor may even diminish in size under a course of this treatment. He treats endometritis by vibrations transmitted by means of a specially constructed stem, but he admits that further study of this new variety of uterine therapeutics is required.

BOOK REVIEWS.

PRACTICAL DIETETICS WITH SPECIAL REFERENCE TO DIET IN DISEASE. By W. GILMAN THOMPSON, M. D., Professor in Materia Medica, Therapeutics, and Clinical Medicine in the University of the City of New York; Visiting Physician to the Presbyterian and Bellevue Hospital, New York. Large Octavo, eight hundred pages, illustrated. Prices, cloth, \$5.00; sheep, \$6.00. Sold by subscription only. D. Appleton & Co., Publishers, 72 Fifth Ave., New York.

The subject is one which does not receive proper attention either in medical colleges or in the standard works upon the Theory and Practice of Medicine; the directions given in the latter being of a very general and vague character, and in the former it is dismissed in one or two lectures. In hospitals and in the training of nurses too little attention is paid to the subject, while in works on food and dietetics the practical application of dietetics to disease receives but slight notice. This work remedies these shortcomings and furnishes to the practitioner a text-book containing instructions as to the appropriate diet in diseases which are influenced by right feeding.

Beginning with the elementary composition of foods, the author next classifies them, and takes up in succession force production and energy; the force-producing value of the different classes; stimulating foods; their economic value; a comparison of the nutritive properties of animal and vegetable foods, and vegetarianism. The classes of foods are next considered, including water, salts, animal and vegetable foods, fats, and oils. In the section on animal foods much attention is given to the subject of milk in all its forms—pure, adulterated, prepared, etc.—in accordance with the great importance of the article so commonly used. Stimulants and beverages, with their good and ill effects, their comparative values, administration, and varieties, are fully and carefully considered.

The various methods of cooking food are given, with the effect of each method on the different classes; also the means used for condensing and preserving foods. In the article on foods that are required for special conditions the author takes up food in its relation to age, individual size, body weight, sex, diet and heredity, diet and race, and climate and season. Proper attention is paid to the subject of digestion and the conditions which especially affect it. The author considers the general relations of food to special diseases; those that are caused by dietetic errors and the administration of food for the sick, giving the necessary rules as to method, time, etc. Dietetic treatment in fever in general is followed by instructions for diet in specified diseases, with lists of food suitable for the patient in certain stages of the disease, as in the infectious fevers and other acute affections.

The work abounds in analytical tables giving the percentages of ingredients in the various animal and vegetable foods; standards for daily dietaries are influenced by age and occupation; the energy developed by

a given quantity of certain foods; diet tables representing a ration as issued in the army and navy under different conditions; and also those used in various prisons and reformatory institutions.

The feeding of pregnant women, nursing mothers, infants, and young children constitutes a very important part of the work, and an appendix contains receipts for invalid food and beverages suitable for fevers and convalescence from acute illness.

The work gives much evidence of careful and intelligent observation on the part of the author, and will be found to fill a field heretofore practically unoccupied. It is a book which will be found to be of very great assistance to the practitioner in the dietetic treatment of diseases that are influenced by proper feeding, invaluable to the trained nurse in hospital and private nursing, and of inestimable service as a guide in the administration of proper food to infants and invalids in the home.

THE POCKET MATERIA MEDICA AND THERAPEUTICS. A Resume of the Action and Doses of all Official and Non-Official Drugs now in common use. By C. HENRI LEONARD, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College of Medicine; member of the American Medical Association, etc., etc. Second edition, revised and enlarged; cloth, large 16 mo., 367 pages, price, post-paid, \$1.00. Detroit, 1895. (The Illustrated Medical Journal Co., Publishers.)

The second edition of this popular therapeutic work has had 67 pages added to it, besides typographical errors corrected, etc. A new and complete cross-index has been prepared, which renders the quick finding of a non-familiar drug possible. This is an important feature lacking in many ready-reference books. It is a "down-to-date book," and this with unique arrangement of its description of drugs and compounds secured for the first edition an order by cablegram for 1,000 copies from Bailleire, Tindall & Co., one of the largest medical publishing houses in London; a compliment rarely paid any American book. It has also been a popular book with physicians, pharmacists and students on this side of the water, judging from the early exhaustion of the first edition.

The descriptive arrangement of the drugs is as follows: Alphabetically the drug, with its pronunciation, (official or non-official standing indicated), genitive case-ending, common name, dose and metric dose. Then the English, French and German synonyms. If a plant, the part used, habitat, natural order, botanic description, with alkaloids if any; if a mineral, its chemical symbol, atomic weight, looks, taste, how found, its peculiarities. Then the action and uses of the drug or compound, its antagonists, its incompatibles, its synergists and then antidotes. Then follow its official and non-official preparations with their medium and maximum doses. Altogether it is a handy volume for physician, druggist or student, and will be frequently appealed to if in one's possession.

We believe it to be the most complete and exact of any of the books of its class now issued, and its moderate price is to be commended.

DISEASES OF THE NERVOUS SYSTEM. By JEROME K. BAUDUY, M. D., L.L.D. Philadelphia: J. B. Lippincott Co.

This is the first volume of a work which will be largely read, not only by former pupils of the author, but by all those interested in the subject of nervous and mental diseases. What the writer has written shows the work of an observant and experienced authority, and the book before us must be considered as expressive of the very best of the most recent information on the subjects treated of.

While the book, as a whole, is admirably arranged and every subject is treated in a masterly manner, yet there are some portions which deserve special notice. The chapters on meningitis are most exhaustive, and form one of the best treatises on the several forms of meningitis to be found in any general work on nervous diseases. In the articles on the etiology of insanity Dr. Bauduy has excelled himself, both in the elegance and precision of his statements. The lectures upon the various forms of insanity are intensely interesting, remarkably clear, and devoid of ingenious but useless phraseology.

The author's style is so flowing and lucid that the reader is loth to lay down the book after he has begun its perusal. The work is thoroughly practical, and thus well suited to the wants of the general practitioner, as well as useful to specialists. The successful accomplishment of this task deserves the thanks of his readers.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM. Delivered at the National Hospital for the Paralysed and Epileptic, London. By W. R. GOWERS, M. D., F.R.S., Physician to the Hospital; Consulting Physician to University College Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1895.

The reputation of Gowers as a clinical lecturer is famous. His lectures are clothed in the most chaste language, easy, fluent and impressive. The work contains 20 lectures. Among the most prominent are Facial Paralysis, Locomotor Ataxy, Acute Ascending Myelitis, Bulbar Paralysis, Mistaken Diagnosis, and a great many others. The work is the best set of clinical lectures on diseases of the nervous system that we have ever had the pleasure of reviewing. The mechanical part of the work is fine.

THE AMERICAN ACADEMY OF RAILWAY SURGEONS. Official Report of the first meeting held at Chicago. Edited by R. HARVEY REED, M. D., Chicago.

This book contains 140 pages. The field of Railway Surgery has become so large and correspondingly important during the last decade, that it has not only elicited the profound interest of every modern surgeon, but the serious consideration of every progressive railway company. These proceedings are interesting and well gotten out.

ELECTIC MANUAL, No. 2, on the use of Medicated Inhalations in the Treatment of Diseases of the Respiratory Organs. By JOHN M. SCUDDER, M. D., with an Appendix on Diseases of the Nose and Throat, by WM. BYRD SCUDDER, M. D. Fourth Edition. John M. Scudder's Sons, Cincinnati, Ohio. 1895.

The subject of direct medication in diseases of the air passages is beginning to attract the attention of physicians, as a field likely to be worked with advantage. This book contains many items of interest. Tells you how to prepare pour apparatus for the different fumigations and inhalations of which it treats. Gives nice cuts of the apparatus and makes every thing familiar and easy. The price of the book is only \$1.00, and it is well worth the money.

TRANSACTIONS of the Medical Association of the State of Alabama. 1895. Montgomery, Ala.

These transactions contain over 325 pages and are put up in nice book form. Dr. J. R. Jordan is Secretary.

Reprints.

Medical Terminology, Its Etymology and Errors. By P. J. McCourt, M. D., New York. Reprinted from the Medical Record, July 27, 1895.

Imperforations of the Rectum. By Geo. Ben. Johnston, M. D., Richmond, Va., Second Vice-President Southern Surgical and Gynæcological Association, etc.

A Case of Otitic Abscess in a Diabetic with a Fatal Result. By W. Cheatham, A. B., M. D., Louisville, Ky. Reprinted from the Cincinnati Lancet-Clinic, August 10, 1895.

The Operative Treatment of Fistula in Ano. By Lewis H. Adler, Jr., M. D., Instructor in Diseases of the Rectum in the Philadelphia Polyclinic and College for Graduates in Medicine. Reprinted from the International Medical Magazine for October, 1892.

Cystic Tumors of the Vaginal Vault, with Reports of Two Cases. By Frederick Holme Wiggin, M. D., Visiting Surgeon in the New York City Hospital (B. I.), Gynæcological Division, etc. Reprinted from the New York Medical Journal for July 18, 1895.

On Movable Kidney. By George Ben. Johnston, M. D., of Richmond, Va., Professor of Surgery in the Medical College of Virginia. Reprinted from Transactions of the Southern Surgical and Gynecological Association, 1894, and the Annals of Surgery. February, 1895.

Extirpation and Colotomy in Cases of Carcinoma of the Rectum. By Lewis H. Adler, Jr., M. D., Professor of Diseases of the Rectum, Philadelphia Polyclinic and College for Graduates in Medicine; Surgeon to the Charity Hospital and to the Out-patient Department of the Episcopal

Hospital, Philadelphia. Reprinted from *The Medical News*, July 20, 1895.

The Treatment of *Fistulæ in Ano* by Lange's Method of Immediate Suture of the Tract. By Lewis H. Adler, Jr., M. D., Professor of Diseases of the Rectum, Philadelphia Polyclinic and College for Graduates in Medicine; Surgeon to the Charity Hospital and to the Out-patient Department of the Episcopal Hospital, Philadelphia. Reprinted from *The Medical News*, June 1, 1895.

The Radical Cure of Hydrocele. Read in the Section on Surgery and Anatomy, at the Forty-sixth Annual Meeting of the American Medical Association, at Baltimore, Md., May 7-10, 1895. By D. C. Hawley, A. B., M. D., Attending Surgeon Mary Fletcher Hospital; Attending Surgeon Fannie Allen Hospital; Secretary Vernon State Medical Society, Burlington, Vt. Reprinted from the *Journal of the American Medical Association*, July 6, 1895.

The non-operative Methods of Treating Anal Fissure or Irritable Ulcer of the Rectum. Read before the American Medical Association, June 7, 1894. By Lewis H. Adler, Jr., M. D., Professor of Diseases of the Rectum, Philadelphia Polyclinic and College for Graduates in Medicine; Surgeon to the Charity Hospital, etc., Philadelphia, Pa. Reprinted from the *Therapeutic Gazette*, July 16, 1894.

Brain Resistance to Uremic Poison. By Dr. Brummell Jones, Kansas City, Missouri, Professor of Diseases of the Brain and Nervous System in the College of Physicians and Surgeons (Medical Department of the Kansas City University); Chairman of Committee on Practice of Medicine Missouri State Medical Association; Chairman of Committee on Education of Feeble-Minded Children, Missouri State Teacher's Association; Former Professor of Physical Diagnosis and Clinical Medicine, University Medical College, etc. Reprinted from the *Kansas City Medical Index*, July, 1895.

Literary Notes.

The Review of Reviews, while it is perhaps the only periodical published in the United States that may be properly called an international magazine, summing up as it does the progress of the whole world from month to month, is none the less strong in its Americanism. The editor, it is easy to perceive, is first of all an American. In the August number he points out as one of the most significant utterances of the last month the speech made by M. Hanotaux, the French Minister of Foreign Affairs, at the Independence Day banquet of the American Chamber of Commerce in Paris, which, evidently inspired by Minister Eustis, was a brilliant and

intelligent tribute to the United States of America as the foremost of modern nations. "Nothing," says the editor of the Review, "has been said in a long time that has been so deftly designed to promote warm relations between the French Republic and our own, as M. Hanotaux's frank and hearty speech. Unless we are greatly mistaken in reading what seems as simple as the alphabet, the French Republic has wisely concluded that the best possible course for the French to pursue in their relations with Western Hemisphere questions, is to consult frankly and cordially with the United States and to make their policy, so far as possible, conform with the policy and wishes of this country."

LIPPINCOTT'S MAGAZINE FOR SEPTEMBER, 1895.—The complete novel in the September issue of Lippincott's is "A Case in Equity," by Francis Lynde. The scene is a "boom" town in the South, with the adjoining country, to which a young Northerner went in search of health, and found it and some other things.

"Morning Mists" is one of Julien Gordon's strongest tales, though it has a very mature heroine and a very young hero. Charles Newton Hood tells "How the La Rue Stakes were lost," in a way highly creditable to the losers.

Helen Fraser Lovett, in "A Mute Milton," gives a revised version of a classic fairy tale. "The Literary Woman at the Picnic," by Ella Wheeler Wilcox, evidently contains more truth than fiction.

Charles Stuart Pratt relates the history of "Napoleon and the Regent Diamond," which was of importance to the conqueror and to the fate of Europe in more ways than one.

Ellen Duvall writes on "Moliere." Edward Fuller has a sharp article on "The Decadent Drama." Calvin Dill Wilson tells all about "Crabbing," especially as practised in Chesapeake Bay. "The Survival of Superstition" is described by Elizabeth Ferguson Seat, and the rise and progress of "Clubs" by Lawrence Irwell.

The poetry of the number is by Susie M. Best, Carrie Blake Morgan, Clarence Hawkes, and Charles G. D. Roberts.

Fiction and travel are the strong points of the September Cosmopolitan, which, by the way, illustrates better than any previous number the perfection of its plant for printing a magazine of the highest class. Conan Doyle, H. H. Boyesen, and Clark Russell are among the story-tellers. A well-known New York lawyer relates the story of "A Famous Crime"—the murder of Doctor Parkman by Professor Webster. A delightful sketch of "An English Country House-Party" is from the pen of Nina Larre Smith—the house at which she visited being no less than the historic Abbotsford, still occupied by the direct descendants of Sir Walter Scott. "The Realm of the Wonderful" is descriptive of the strange forms

of life discovered by science in the ocean's depths, and is superbly illustrated in a surprising and marvelous way by the author, who is a member the Smithsonian staff. An article on Cuba is timely. Without bothering the reader with unnecessary description of the famous yachts now so much talked of, The Cosmopolitan presents four full-page illustrations showing these noted boats. Thomas Moran again contributes a series of the most exquisite landscapes of western scenery, twelve in number, illustrating an article by Col. John A. Cockerill, on "Modern Utah." And it may be said that no more beautifully illustrated number of The Cosmopolitan has ever been given to the public.

THE POPULAR SCIENCE MONTHLY FOR SEPTEMBER, 1895.—In The Popular Science Monthly for September, ex-President Andrew Dickson White reviews The Closing Struggle of the theologians and the higher criticism; relating the stories of Bishop Colenso, Prof. Robertson Smith, Renan, the work of the Italian critics, and Pope Leo's Encyclical on the Study of the Scriptures, and expresses the belief that there is now reason to hope that "the path has been paved over which the Church may gracefully recede from the old system of interpretation and quietly accept and appropriate the main results of the higher criticism." In his fifth paper on Professional Institutions, Herbert Spencer shows how history and fiction have been evolved from biography, and literature has been ultimately derived from it. Mr. Morse's article on Apparatus for Extinguishing Fires is concluded, with accounts of the latest improvements and the methods now in use. In Trades and Faces, Dr. Louis Robinson discusses the influence of occupation on expression. Mr. James Sully studies the Material of Morality in childhood. Mr. Alexander McAdie treats of the clouds as Natural Rain-Makers. Gertrude Crotty Davenport writes of Variation in the Habits of Animals, and Frank M. Chapman of The Study of Birds Out-of-Doors. Articles are given on Ancestor-Worship among the Fijians, by Basil H. Thomson, and Fruit as a Food and Medicine, by Dr. Harry Benjafield. A biographical sketch of Edward Hitchcock and a short notice of Dr. Hack Tuke are accompanied by portraits. The articles in the Editor's Table are on The Prospects of Socialism and Sham Education.

New York: D. Appleton & Company. Fifty cents a number, \$5.00 a year.

The Atlantic Monthly for September contains the first installment of a three-part story, by Charles Egbert Craddock, entitled The Mystery of Witch-Face Mountain. The second of Dr. John Fiske's historical papers has for a subject John Smith in Virginia, in which he reopens vigorously the discussion in regard to this interesting character.

Bradford Torrey contributes another Tennessee sketch, Chickamauga,

which will be of special interest in view of this summer's memorable gathering at Lookout Mountain. The paper in the August issue by James Schouler, upon President Polk's Diary, is ably supplemented in this issue by President Polk's Administration, by the same author.

The usual installments of the two powerful serials now running will add interest to the issue. The verse of the number will be of unusual quality. Bliss Carnian contributes a striking poem, *A Sailor's Wedding*, and *Tiger-Lilies* is the first work of Michael Field, the popular English writer, to appear in an American periodical.

Among other features are *Guides: A Protest*, by Agnes Repplier, important book reviews, and the Contributors' Club.

Houghton, Mifflin & Co., Boston.

It is no empty boast on the part of *Littell's Living Age* that while it is the oldest high-class literary publication in the country, it also stands at the head in regard to the quantity of the matter given its readers yearly, and in the uniformly high character of its contents.

It is a magazine in fact which no reader who desires to know what is passing in the world of letters can afford to do without.

A glance at the following partial table of contents of the August numbers will easily bear out this statement. The range of subjects embraced in one month's issues is remarkable.

"Recent Science," by Prince Kropotkin; "The Letters of Coleridge," by Andrew Lang; "The Grave of the Druids," by Harrison Barker; "Unconquered Mithras," by Thomas H. B. Graham; "Glimpses of Some Vanished Celebrities," by F. M. F. Skene; "A Drive from Paris to Nice," by E. Johnson; "Color Music," by Wm. Schooling; "Intellectual Detachment," by Sir Herbert Maxwell; "England and France in the Nile Valley," by Captain F. D. Lugard; "Mr. Wm. Watson's Serious Verse," by Laurie Magnus; "Formosa, by a Native of that Island," by Harry Jones; "Labrador," "Our Last War with the Mahsuds," by S. S. Thorburn; "Ireland Revisited," by Lord Camelford," by Charles Bruce-Angier; "Robert Burns," "Old Italian Gardens," by Vernon Lee; "My Native Salmon River," by Archibald Forbes; "Religious Movements in India," by Banda Rhuda; "Cranford Souvenirs," by Beatrix L. Tollemache; "Mental Work," from the French, by Guillaume Ferrero.

Beside the above are many other papers of great merit and value, with several capital short stories and poetry. Published weekly at \$8.00 a year, by

LITTLE & Co., Boston.

A second and concluding article on Apparatus and Extinguishing Fires, by John G. Morse, will be printed in *The Popular Science Monthly* for September. Water-towers, hose and hose fittings, ladders, etc., will be considered in this article, which, like its predecessor, is to be copiously illustrated.

Vaginal Hysterectomy for Inflammatory Affections of the Uterine Adnexa.

Lafourcade (Arch. Gyn.) states that this form of treatment for inflammatory disease of the tubes and ovaries was first proposed by Pean and afterwards recommended by Segond. Its advantages are that it is more easily performed than laparotomy, the results are better, and it has none of the disadvantages caused by the abdominal wound. There are various methods of performing this hysterectomy, depending much upon the condition found in each particular case. Method of Pean: If the uterus is not fixed and small, he employs the ordinary clamp method. Where there are adhesions, pyosalpinx, etc., the uterus is removed by morcellation—i. e., step by step, by making transverse incisions in the uterine wall after clamping with forceps. The tubes and ovaries are then separately removed. Method of Segond: After separating the cervix, dissecting back the bladder and ligating the uterine arteries, conical portions of uterine tissue are excised until the fundus is reached, when the surrounding tissue and upper portion of the broad ligaments are ligated. Method of Doyet: When Douglas's cul-de-sac has been opened and the bladder displaced the anterior wall of the uterus is incised in the centre and separated and the tissue on each side is clamped. The incising, separation, and clamping progresses from below upward until the fundus is reached. If the uterus is very large, a V-shaped portion of the anterior uterine wall is excised. The cervix is drawn progressively downward, clamps are applied to the broad ligaments, and the uterus removed. Method of Muller-Quenus: This differs from the above in that the uterus is completely divided into two halves, anterior to posterior. In all four methods, after opening the posterior vaginal vault, a thorough bimanual examination is made to determine the condition of the tubes and ovaries. If the vagina is too small, a lateral incision is made. Drainage is unnecessary except where there is pus. Drainage by partial resection of the uterus is condemned. The after-treatment is as usual. Complications, such as injury to the intestines, bladder, and ureters, are not more common than in laparotomy. Secondary hemorrhage and prolapse of the vagina between the clamps are uncommon, and if a fistula results it is easily repaired. The mortality of vaginal hysterectomy for suppurative adnexa disease is from 8.03 per cent. to 12.5 per cent. Bourdon's mortality with this method of treatment for pyosalpinx and ovarian abscess is 3.8 per cent., and in non-inflammatory diseases he has not lost a case. The final results are good. Segond, with 128 cases, reports 118 perfectly well. Indications: Hysterectomy is indicated in disease of the uterine adnexa when it is bilateral. If the diagnosis is not positive, an examination is made, as described above, after opening the posterior vaginal vault. A second examination is also made after removing the uterus, determining whether

there are other pus sacs which have not been diagnosed, and if the sac is to be removed or simply drained. Where the pus sac cannot be removed, diffuse pelvic abscess, perhaps with a fistula, hysterectomy is the only method to be considered. This last is always the indication where there is a collection of pus in the true pelvis and extensive adhesions. The abscess is thus drained after the removal of the uterus, the wound healing by cicatricial contraction or granulation. The best indication for vaginal hysterectomy is, therefore, bilateral pyosalpinx. It is also applicable in nervous diseases, where not only the adnexa are affected, but also the other genital organs. Again, it is indicated in retroversion complicated with bilateral salpingo-oophoritis.

Guaiacol as a Local Anæsthetic.

Lucas-Championniere (Lancet) reports the results of a trial of a new method of local anæsthesia, which Andre, a pharmacist, of Paris, first successfully applied in his own person in the form of an ointment containing guaiacol for the relief of a very painful burn. Encouraged by this, he tried the same drug in the form of a hypodermic injection, using a sterilised solution of guaiacol in oil of sweet almond; he afterwards, however, found olive oil a better diluent, being purer and more readily sterilized. Solutions of 1 in 10 and 1 in 20 are used, a syringe of the former strength containing 10, and of the latter 5, centigrammes of guaiacol. The method was first tried for the extraction of teeth, perfect analgesia being produced, while the sensation of contact and movement was left. Lucas-Championniere has himself tried the method for minor operations (removal of cysts of the scalp, etc.), with complete success. The injection was followed by no unpleasant effect, except small eschars of the gums after the earlier trials, probably due to a faulty *technique* and possibly also to some defect in the preparation of the solution. As a local anæsthetic guaiacol is as powerful as cocaine, and it has the advantage over the latter that ten times larger doses can be given without ill consequences. The full effect does not manifest itself till five minutes after the injection, and in most cases it will be well to wait seven or eight minutes before proceeding to operate. It is probable that a smaller dose than 10 centigrammes will be found sufficient, and experiments to determine this point are in progress. In discussing the communication, Ferrand bore witness to the value of the method, but he added that some caution was required in its employment. He had himself used it, not subcutaneously, but as an external application, in doses of 1 cubic centimetre, and by this means had been able to relieve persistent pain, notably the intercostal neuralgia of phthisical patients. In some of these cases, while the pain had ceased, the application had been followed by subnormal temperature and other symptoms of collapse, but without fatal result. Laborde said that the ac-

tion of guaiacol was at present being studied by himself, Gilbert, Doyon, and others; it had been found to have a decided anæsthetic and antipyretic effect when applied locally. The mechanism was a very marked vaso-constrictor action; this explained the local sphacelus noted by Lucas-Championniere, and should be borne in mind in the practical application of the method which he had described.

Prognosis and Diagnosis of Diphtheria.

Bernhard (*Lancet*) directs attention to the futility of making the prognosis in a case of diphtheria upon the presence or absence in the urine of albumen, which, when present, may be due not only to nephritis, but also to fever, changes in the blood-pressure, or complicating diseases, and remarks how frequently in the beginning of even very severe cases albumen may be absent or present in very small quantities, while in mild cases it may be present in considerable quantities from the commencement. Not so the urine sediment, which in many cases of diphtheria is quite diagnostic of the disease. It then consists of swollen, cloudy, markedly fatty, degenerated, crumbling, renal epithelium, narrow hyaline and granular tube casts, free fat globules, leucocytes, occasional erythrocytes, and frequently considerable quantities of uric acid and urates. The severity of an attack of diphtheria depends upon both the susceptibility of the patient and the virulence of the bacteria, and the prognosis is to be made accordingly. The examination of the urine sediment, revealing, as it does, slight or marked damage to the kidneys, permits of an inference as to the resistance offered by the other organs of the body, and is thus the best factor upon which to base an opinion regarding the severity of an individual case of diphtheria. If the urine sediment in the beginning of the disease contains the above mentioned characteristic morphotic elements, the prognosis is unfavorable; death will occur, or in more favorable cases, after long illness with severe cardiac and nervous symptoms, the patient may recover. The occurrence of this sediment in the second week allows of a more favorable prognosis, but even then often enough paralysis and death ensue. The early occurrence of this sediment is an indication of the administration of large doses of the antitoxin, even when the pharyngeal symptoms are very mild.

Etiology and Treatment of Internal Strabismus.

By Dr. Howard F. Hansell, (*Journal Am. Med. Ass'n*, Feb. 16, '95.) The author concludes that the amblyopia of strabismus is congenital, and is not improved in cases of marked deviation by tenotomies; that in cases in which the patient always fixes with the same eye the squinting eye always turns upward, and that in alternating squint the non-fixing eye turns up. He thinks that atropia and full correction of refractive errors by glasses are in many cases, curative.

Disinfection of the Alimentary Canal.

Dr. Calderone reports a series of experiments performed in the Laboratory of Experimental Pharmacology of the Royal University of Messina, with the view of determining what drugs act most effectively in producing disinfection of the alimentary canal. The intensity of the processes of decomposition which take place in the intestines is assumed, in accordance with recent observations, to be measured very exactly by the quantity of sulphuric acid in combination which appears in the urine. The effect of the drugs was studied by noting the diminution of the combined sulphuric acid as indicated by Ealkowsky's method.

His conclusions are:

1. The fundamental idea of the origin of the sulphuric ethers of the urine from putrefaction of the contents of the intestine is confirmed.

2. Only iodoform and calomel are capable of causing the complete disappearance of the sulphuric ethers from the urine. The iodoform acts by being decomposed in the intestine when iodine is set free. The ordinary therapeutic doses of calomel do not bring about complete disinfection of the intestines, but it is more effective than camphor, menthol, turpentine, eucalyptus, or salicylate of bismuth, though these also distinctly lessen the elimination of combined sulphuric acid in the urine.

3. It is especially the pancreatic juice which determines the processes of advanced putrefaction in the intestinal contents. The bile has a distinct but slighter influence in this respect. (These conclusions come as the result of observations made after the removal of the pancreas in certain experiments, and of the application of ligatures to the common bile-duct in others.)

4. Experiments made on frogs give negative results, the synthetic processes that lead to the production of sulphuric ether not taking place in the batrachian and presumably not in cold-blooded animals.

5. The elimination of sulphuric acid in combination takes place by the same way as that of urea. Hence, when the kidneys are removed, it accumulates in the blood and in the organs, especially in the liver, and can be demonstrated in abundance in the vomit.

Microbic Origin of Rickets.

Mircoli (British Medical Journal) pleads for the microbic origin of rickets, believing that the disease is caused by the effect of ordinary pyogenic organisms upon the osseous and nervous system. Clinically he finds support for this theory in the fact that rickets develops independently of social condition; frequently begins with eczema, boils, or intestinal catarrh; occasionally occurs epidemically; and is accompanied by fever, polyarthritic and bone pains, hydrocephalus, marasmus, and paresis of lower extremities. Pyogenic organisms have been found in the bones and central

nervous system of ricketty children. Experimental injection of pyogens into the bones and epiphysial cartilages of young rabbits produced common osteomyelitis, but in other cases an osteomyelitis without trace of suppuration, with hypertrophy of cartilages analogous to that of rickets, and marasmus.

Abortions.

Conditions which justify artificial abortion, apart from acute diseases, are, especially serious pulmonary tuberculosis, severe valvular heart-disease, aortic aneurism, carcinoma not amenable to radical treatment, chronic nephritis, severe affections of the nerve centres, and present or threatened insanity. Abortion offers two dangers, hemorrhage and septicemia. The evacuation of the uterus should be conducted under anesthetics with every precaution. The cervix is dilated by means of conical hard rubber and expanding steel dilators until there is room enough at least for a curette, but if possible for a finger besides. The spongy endometrium should be removed thoroughly, as well as the fetus and membranes. Garrigues scrapes as long as anything comes out. Before scraping, the uterus is washed out with creolin, and afterwards a quart of 1 per cent. solution of that drug is passed through the uterus by irrigation. Drainage is not needed during the first two months; the vagina need only be plugged for a day. Later the uterus should be packed with iodoform gauze, gradually withdrawn daily so as to give the organ a chance of contracting well before the last of the packing is removed, from four to six days after the operation. After the end of the fourth month the measures used for the induction of premature labor are indicated, especially dilatation of the cervix, introduction of a bougie, and packing of the cervical canal with iodoform gauze. No artificial abortion should be performed without a consultation report, signed by the consultant and kept by the operator.

Cannabis Indica.

Prof. Lees states in one of his reports that he has had excellent results from the use of a strong aqueous extract of the flowering tops of the female plant of the usual strength of liquid extracts. It possesses the anodyne and soporific action generally ascribed to the resinous extract, although in a modified degree. It has the characteristic odor of the hemp, a beautiful deep amber color, is miscible with water, and hence there is no difficulty in combining it with other liquids. Liquor cannabis indica, in his experience, gives all the beneficial effects without the drawbacks of the tincture, avoiding those extreme exhilarating conditions bordering on intoxication, which are sometimes met with even when using a medium dose of the latter. It does not seem to interfere with the secretion of mucus from the bronchial glands,—a circumstance which renders it supe-

rior to opium in cases suitable for its use, whilst in pulmonary affections generally it acts most favorably as a soporific and anodyne. The author speaks highly of its effect in phthisis, where it relieves the cough and stimulates and exhilarates the patient. It is also valuable in indigestion and constipation. The dose commonly used by him was one-half fluidrachm for an adult, though in many cases it may be increased to one drachm. The dose for children is proportionate, though Dr. Lees observed that young patients were somewhat less susceptible than grown persons.

The Uric Acid Diathesis.

Prof. Rosenteld (Hospital Gazette) discusses in a preliminary communication the diagnosis and treatment of this diathesis. The conditions leading to the formation of uric acid calculi are the same as those which produce a precipitation of uric acid—namely, insufficient water, too great acidity, too much uric acid, or a combination of these factors. The question really is as to how much uric acid exists in the urinary passages in a state suited to the formation of calculi. The author proposes a new method for ascertaining the amount of uric acid passed undissolved. In the uric acid diathesis crystals are found in clear urine, and these rapidly increase on standing. The same increase is noted if the urine is centrifugalised. The author gets the patient to pass urine into special filters. Some 4 to 10 filters may be used in the day. Thus the amount of uric acid passed in an undissolved state can be ascertained. The errors of the method lie in the loss of some 50 c.cm. of urine in the filters, and in the gain of as much uric acid as deposits between urination and filtration. The amount of uric acid separating out on standing is also ascertained, as well as the amount still in solution (by the silver method). By this procedure the amount of stone-forming uric acid can be estimated. The author tests the value of treatment by finding out the effect of any given agent upon the three separate quantities of uric acid obtained in the above named way. He has thus investigated the value of urea and carbonate of ammonium. Urea forms a very soluble compound with uric acid, and carbonate of ammonium is excreted as urea. He finds both these agents valuable in the prevention of calculus formation.

Alcohol Injections in the Treatment of Uterine Carcinoma.

Vulliet (Clinical Journal) advises, as a new method of treating inoperable carcinoma of the uterus and carcinoma returning after complete hysterectomy, the hypodermic injection of alcohol. Nine to twelve injections, depending upon the degree of pain, are made at each sitting with a Pravaz syringe. The needle is introduced deeply into the tissue and three or four drops are expelled. The area of injection begins in the centre and goes towards the periphery, the new growth or ulcer being, lastly, in the healthy tissue, surrounded by a ring of injections. The duration of the interval between injections is dependent upon the tolerance of the patient. Alcohol causes the tissue to become dry and hard, the growth is cirrhused, the circulation poor, and thus the growth is limited. The result is, of course, palliative, but the treatment at least prevents the hemorrhage and bad-smelling discharge.

Removal of Inflamed Appendages or Hysterectomy.

Schauta (Glasgow Med. Journal) in opening a discussion on the relative merits of removal of the appendages and hysterectomy at the Vienna meeting of the German Gynaecological Association declared himself in favour of the rather extreme measure of removing the uterus as well as the appendages. Amputation of the tube and ovary on one side was very unsatisfactory, and even after double operations hæmorrhage, leucorrhœa, adhesions to the stumps, and fixation of the uterus caused much trouble and pain. In gonorrhœal disease both appendages should be removed, even if the tube and ovary on one side seemed healthy when the surgeon determined on attempting an operation of this class. But Schauta says that under the above circumstances the uterus should be removed as well. If it be not fixed, and therefore can be drawn down to the vulva, the vaginal operation should be preferred; otherwise the uterus must be amputated through an abdominal wound. Fritsch and Landau supported Schauta. Veit maintained that the bad results which followed amputation of the appendages were due to fresh gonorrhœal infection.

Diabetic Coma.

Professor Hirschfeld (Clinical Journal) says that the increase in the excretion of acetone is due to too little carbohydrate food. In 7 cases of diabetes with acetonuria the disease ran its course rapidly, the longest duration being twenty, and the shortest twelve months. The glycosuria was very considerable in all the cases, and the acetonuria increased as time went on. Acetone excretion above 1 gramme is an unfavourable sign. In other milder cases of diabetes dying of other causes than coma the acetone excretion was small. The age of 5 out of the 7 cases above named was over 40 years. Considerable over-exertion and failure in nutrition are exciting causes. In several cases the author recognised a loss of weight during ten days before the onset of the coma. After a strict nitrogenous diet coma has been known to appear. The author believes inanition to be the most important cause of coma. The beneficial effect of over-nutrition also speaks in favour of the disadvantages of insufficient food. More importance is now attached to abundant nourishment in diabetes than was formerly the case. Occasionally coma has followed the use of anæsthetics. Ether should be preferred. Perhaps the harmful effect of chloroform is due to its action on the heart and vessels. The diagnosis of coma is mostly easy. The patient may begin with gastric disturbances; headache and a feeling of dyspnoea follow. Abortive forms of coma are very frequent. One or more symptoms may be marked, but they disappear. Sometimes abdominal symptoms have been very conspicuous, even intestinal obstruction being simulated. Intestinal obstruc-

tion being simulated. Intestinal intoxication has been advanced as a cause of coma, yet careful attention to the bowels did not ward it off. In three diabetics suffering from surgical disease a suddenly increased acetoneuria preceded the getting worse. The cases may be arranged in two groups: (1) Young persons with considerable glycosuria and marked and increasing acetoneuria, in whom the course is rapid; and (2) old people with mild diabetes, who, in consequence of gangrene or severe septic disease develop coma. To prevent coma muscular exertion must be regulated. The estimation of acetone is important; the general condition of the patient and the state of the pulse and breathing after exertion should be noted. The condition of nutrition must be attended to. Overfeeding should at times be had recourse to. Small quantities of carbohydrates, not too much albumen and abundant fat and some alcohol are recommended. With coma appearing more carbohydrates should be given. Glycerine may be tried, as it lessens the excretion of acetone. Infusion of alkalies has only a passing effect.

Immediate Suture of the Gall Ducts and Gall Bladder after Extraction of Stones.

J. W. Elliott, of Boston, read a paper on this subject at the recent meeting of the American Surgical Association at New York. He contended that the operations of cholecystotomy and cholecystenterostomy have become too much the routine practice for the relief of gall stones, and that incision of the ducts or the gall bladder, followed by immediate suture, is the proper operation in the majority of cases, especially in recent cases. He reported five such operations: one on the hepatic duct, one on the common duct, and three on the gall bladder. All were successful. The following conclusions were presented:

1. Every operation should be conducted with the idea of restoring the functions of the ducts, and any irreparable injury to them is a serious calamity.
2. Immediate closure of the gall bladder is safe if the ducts are clear and its walls healthy.
3. Incision and suture of the cystic duct are preferable to prolonged manipulation.
4. Incision and suture of the hepatic and common ducts constitute the operation to be chosen for impacted stones.
5. The mortality of this operation is less than 18 per cent.
6. If the condition of the patient is critical a preliminary cholecystotomy is advisable.
7. Cholecystenterostomy should be reserved for irremediable stenosis of the common duct.

Hæmatomata of the Leg and Emboli.

A. F. Plicque (Glasgow Med. Journal) dwells upon the danger of thrombosis and embolism in cases of extensive bruises of the lower limb. He insists upon the necessity for absolute rest until the part has resumed its normal condition. Two cases which he relates illustrate the accident referred to. In the first a lady was thrown out of a carriage, and sustained extensive bruises and ecchymoses in the left leg and elsewhere. She was progressing well until the ninth day, when there was a slight access of pain and œdema. The next day the patient was suddenly seized with a feeling of suffocation, and fell back pale, with pulse almost imperceptible, and respiration hurried. She recovered in a few minutes, but in the course of convalescence and in spite of the precautions taken, two other attacks occurred. The second case was more serious, and was the result of a similar accident. Seventeen days after the accident, when the patient was seemingly on the high road to recovery, she attempted to sit up in bed, suddenly cried "*J'etauffe*," and died.

Influenzal Encephalitis.

Nanwerck (London Med. Times) observes that recent epidemics of influenza have shown that an acute non-suppurative encephalitis may be among the manifestations of influenza. He records two cases in which the brain was examined for the influenza bacillus (Pfeiffer): (1) A girl, aged 14, was seized a few days after an attack of influenza with cerebral symptoms, and died at the end of a week. In the longitudinal sinus there was an adherent clot. A large number of well-defined foci of softening were present in the brain, and in the neighborhood of these foci the pial veins were filled with firm clot. The ventricles contained a small quantity of fluid. The bacteriological examination was negative. (2) A girl, aged 19, was seized during an epidemic of influenza with headache and vomiting. She rapidly became unconscious, and died in a few days. The ventricles contained a large quantity of slightly turbid fluid. In the right cerebellar hemisphere there was an apoplectic focus of the size of a walnut. The brain substance about it was beset with minute hæmorrhages. The lesion also extended into the left hemisphere. The cavities of the ear and nose were healthy. Tubes were inoculated especially from the fluid in the ventricles, and Pfeiffer's bacillus was discovered. The same micro-organism was also found in some centrifugulised cerebro-spinal fluid, as well as in sections from the diseased focus above named. According to present knowledge this influential encephalitis might be caused by: (1) the absorption of toxins from the pulmonary lesions; (2) a mixed infection; and (3) the local action of the influenza bacillus. There were no streptococci, staphylococci, or pneumococci present, whereas the influenza

bacillus was found in the lesion. The author thinks, however, that the above-named cocci may at times play an important part in producing the encephalitis. Examination of the fluid obtained by Quincke's puncture may give important information. Clinicians have thought that this encephalitis is due to capillary embolic lesions. The blood in these cases is mostly free from the bacilli. Thus the author shows by this case that the brain may be rapidly and fatally infected with the influenza bacillus. The disease in this case was unaccompanied by fever. The involvement of the cerebellum in this case explained the occipital headache, stumbling gait, etc. The effusion into the ventricles was inflammatory in character.

Immunisation against the Surgical Lesions due to the Bacterium Coli Commune.

Salvati and Gaetano (Edinburgh Med. Journal) have succeeded in preparing an antitoxic serum, injection of which into guinea pigs and rabbits served to protect them against the lesions caused by the bacterium coli commune. A toxin prepared from a culture of the bacterium coli was injected hypodermically and intraperitoneally into guinea pigs and rabbits. After each injection the animals showed fever, with depression of the general health; reaction most marked at the first injection; after a time they ceased to react, and were then proof against injections of bacterium coli cultures which sufficed to kill control animals. If the injections of toxin were continued after the period at which the animals ceased to react, they died from progressive marasmus, with atrophy of the internal organs. The authors also experimented with success on the effects of injecting contemporaneously the toxin and antitoxic serum. Although the animals had high fever, refused food, and lost weight, none died.

Examination of Sputum for Tubercle Bacillus.

Spengler (Medical Times) describes a new method for the preparation of sputum which it is desired to investigate for the presence of tubercle bacilli. Equal volumes of sputum and of warm water rendered feebly alkaline with caustic soda are well mixed with 0.1 to 1.0 per cent. of trypsin and placed in the incubator. Putrefaction is prevented by the addition, two or three hours later, of a small quantity of crystalline carbolic acid. As soon as a deposit has formed the supernatant fluid is poured off, the deposit washed with fresh alkaline water, and again placed in the incubator. This process is repeated several times, and finally the sediment is collected upon a filter paper and dried somewhat. Portions are then strained in the usual way. As a rule in twelve to twenty-four hours so little sediment remains that only a few microscopic slides are needed. If the digestion of the sputum be not carried on for too long a time, the tubercle bacilli undergo no modification in their straining properties.

Leguminous Alimentation in Diseases of Digestion and Nutrition.

Bovet (British Med. Journal) refers to the apparent connection between richness in albumen, or the nitrogenous elements of plants, and organic phosphorus, these two seeming to run parallel. In the leguminosae they are found in greatest proportion. One consequence of the association of phosphates with albumen (vegetable), and the "diffusibility" of phosphoric acid, is that food of this character (leguminous) is very readily dissolved and digested in the alimentary canal, even in the absence of the usual ferments. The presence of a relatively large amount of potash salts in this food is also noted. In the laboratory of Professor Hayem a dog was fed for thirteen days on an exclusive diet of "legumine," a soup free from salt. The result was first a marked decrease in its weight, amounting to one-tenth. An analysis of the gastric juice at the beginning and end of the experiment showed a marked increase in two most important values, namely, hydrochloric acid and chlorine. This may be interpreted as increased digestive power. A similar experiment on a patient, aged 42, suffering from chronic gastritis, slight dilatation, and loss of motor power of the stomach, weakness and emaciation, showed results altogether comparable to the above. At the beginning the gastric juice, although highly acid, was free from hydrochloric acid. At the end of two months the total acidity was not increased, while hydrochloric acid was present in almost normal amount. Digestion (previously slow and painful) no longer inconvenienced the patient. Neurasthenia was lessened and she slept eight hours daily without awaking, something she had not done for a long time previously. In this case a certain addition of leguminous aliment was made to the otherwise unaltered ordinary diet. The author therefore considers leguminous food suitable and valuable as aliment in similar cases, and also in diabetes and obesity.

Dr. Hunter (Transactions of the British Medical Association) believes that pernicious anemia is special disease apart from the other forms of anemia, is a special disease apart from the other forms of anemia, because the latter (such as occur in cancer and other diseases) do not show the same pathological changes in the blood that are met with in this form; because the extreme degree of blood change is always associated with marked pathological changes in the liver, kidney, and spleen such as are not found in traumatic and other anemias. In refuting Dr. Stockman's views, that the main difference between pernicious anemia and other forms of anemia lay in the presence of hemorrhages in the former and not in the latter, he said that he had failed to produce pigment deposits in the liver by injecting large quantities of blood into the peritoneal cavity of rabbits, and further that in his experience hemorrhages in pernicious anemia were very rare except in the retina and meningeal membranes.

Gastric Peristalsis.

Prof. Bigaignou, in a recent clinic of his, presented a case in which there was vomiting and wasting, and a small tumor could be felt in the region of the pylorus. The ingestion of fluid caused visible peristalsis. Pathological peristalsis may arise apparently spontaneously or be provoked by various agents. The spontaneous form is much the rarer. Pinching the abdominal wall, the local application of ice, the shaking caused by cough, or by sudden movement of the body, and also the electric current, may produce the visible peristalsis. As to physiological causes, it may occur during digestion, and both fluids and solids may produce it. The reaction of the muscle is not instantaneous. The waves succeed each other from left to right; exceptionally a wave from right to left may follow the other one. It is very rare to have antiperistaltic movements alone. During nausea the peristalsis is increased, but in vomiting it is obscured by the contraction of the abdominal muscles. Sometimes the patients feel nothing, but at other times ill-defined discomfort may be complained of. The cause of the peristalsis lies in some obstruction of the pylorus, the stomach muscle being intact. The obstruction may be caused by a gross lesion at the pylorus, or even by spasm. Rapid development of the obstruction is necessary for the production of visible peristalsis. This peristalsis has been rarely noted in the hysterical when the intestine may also share in it. The obstruction might even exist in the stomach walls as in annular constriction, or in the duodenum. Cases with visible peristalsis due to severe non-malignant stricture should be attacked by pylorotomy or gastro jejunostomy.

Castration for Prostatic Hypertrophy.

Professor Kummell has reported 8 cases of this affection in which he performed double castration. The operation was followed by considerable relief in these cases, but one patient, aged 77, died from exhaustion after an interval of four weeks. In a review of his own cases, and those published by other surgeons, he states that in a large majority of instances of senile enlargement of the prostate White's operation is certainly followed by a more or less rapid shrinking of the prostatic tissue. This result of double castration in most cases enables the patient to dispense with the use of the catheter, and to discharge urine spontaneously. The bladder troubles also are much relieved, and the general condition is improved. In the selection of suitable cases attention should be paid to the condition of the muscular structure of the bladder. If the detrusor muscle be paralysed to such an extent that the bladder cannot be completely emptied even by the use of a catheter, it would be useless to expect a restoration of normal function as a result of removal of the obstruction to

the flow of urine. In two of the cases here recorded, however, good results in this respect were obtained in spite of considerable weakness of the detrusor. In many cases the diminished size of the prostate after double castration permits of the more ready introduction of a catheter, and thus wards off the dangers of retention. In the author's opinion, the treatment of hypertrophy by double castration compares favorably with other operative measures in being simpler in performance and less dangerous. It can be performed without subjecting the patient to the risk of general anæsthesia, and necessitates but a very short stay in bed, which with regard to old and enfeebled subjects is a very important point. The operation, it is stated, should be recommended only to those whose sufferings have attained a high degree, and can no longer be relieved by mere symptomatic treatment. The author met with no objection to the operation from any of his patients, all of whom were well satisfied with its results. The recorded instances of success are so numerous and striking that the author has been led to the conclusion that the surgeon is certainly justified in suitable cases of enlarged prostate in advising and performing this operation. Although a more extended series of observations is needed before a clear and absolute judgment can be formed on this new method, there can be no doubt, the author holds, that this procedure is a valuable addition to the operative means of dealing with advanced and grave forms of prostatic hypertrophy. The observations with regard to the influence of unilateral castration on the growth of the prostate are very contradictory, and further information is needed before any definite conclusion can be reached on this question.

Treatment of Pneumonia by Digitalis.

Naegeli-Akerblom (*British Med. Journal*) first refers to the results obtained by various physicians with this treatment, and especially to those of Pretresco. The mortality in Pretresco's 1,192 cases varied from 1.2 to 2.6 per cent., but the patients were healthy young soldiers. In 475 cases treated in Massini's Poliklinik the average mortality was 11 per cent., and here the patients were mostly poorly housed and advanced in life. In the author's 64 cases treated by digitalis, 11 died. Of 40 cases under 50 years of age, not one died of pure pneumonia, the 2 deaths occurring in cases of phthisis complicated by pneumonia. Of the 9 remaining fatal cases, 7 were hopeless from the outset, and 2 were over 70 years of age. The object of the digitalis treatment is the regulation of the circulation through the lungs, no antipyretic effect being expected. The author would also attribute the good results to the increase of leucocytes thus produced. His investigations show that both in animals and man digitalis produces a hyperleucocytosis. The author used digitalis in large doses. He thinks it the chief therapeutic agent in the treatment of acute pneumonia. He is of opinion

that hydrotherapeutic measures should, when possible, be combined with it, as in this way the leucocytes are also decreased in number.

Glioma of the Left Frontal Lobe.

Gbici (London Lancet) reports the case of a woman, aged 35, who first begun to suffer from left frontal headache, nausea and vomiting in 1887. The pain lasted some hours and kept her in bed. In 1889 she suffered from convulsive attacks coming on chiefly at night, setting in with sudden unconsciousness and without any aura. The convulsions were general in type, the head and eyes generally turned to the right. In 1890 a relative improvement took place, but in 1891 the symptoms returned more severely, and she then complained of deficient sight; the memory and attention were also weakened. In the early months of 1892 she had right facial paralysis with hemiparesis of the right side, chiefly affecting the arm, the muscles of which were in a state of hypertonicity. The headache was more continuous and more diffuse. Almost complete anosmia and amaurosis. There was atrophy of the optic disc. Hearing and taste normal. Voice and phonation unaltered, but amnesic aphasia and paraphasia were present. There was no history of syphilis, cancer, or tubercle. The patient was operated on in September, 1893, and a large glioma found in the region of the second left frontal convolution. The growth was removed at a second operation eight days after the first. For some time the patient seemed relieved by the operation, but had a good deal of trouble from an extensive cerebral hernia. She left the hospital in March, 1894, and died in November of the same year with abscess in the site of the operation.

Intestinal Hæmorrhage after Herniotomy.

Fikl (British Med. Journal) reports a case in which sixteen days after herniotomy for strangulated left inguinal hernia melæna occurred. The knuckle of the small intestine at the operation was of a deep red colour, and the constriction tight, but the peritoneum was still smooth and glossy, and the fluid in the sac clear. On the third day after operation scybala were removed from the rectum with a spoon, and on the following two days copious normal evacuations resulted from enemata and calomel. The treatment of the hæmorrhage was ice to the abdomen and ergotin internally, with the result that the stools were natural four days later. The cause was probably necrosis of a small piece of mucous membrane at the seat of constriction, which had existed three days before the operation. There were no gastric symptoms. Albert regards such cases as very rare, but Fikl thinks they may be commoner than is generally supposed.

Sublimate Injections.

Prof. Lewin, in a very interesting paper with the above title, contributed to the Edinburgh Medical Journal, gives an account of the results of his sublimate injection method in syphilis compared with other modes of treatment. His experience is based on over 80,000 cases. Owing to the objection to daily injections, insoluble mercurial compounds have been tried. He has found albuminate and peptonate of mercury less efficient, and has always returned to the sublimate. The author uses a 0.6 per cent. of sublimate in distilled water, and injects daily 2 g. of sublimate. He discusses the inunction treatment and the inhalation method. With the insoluble mercurial compounds there is no evidence to show that they are always gradually absorbed; as a result of muscular movements they may be rapidly absorbed. If symptoms of poisoning supervene it is very difficult to get rid of the deposit of mercury; excision has even been recommended. The author then discusses the symptoms of poisoning under the various methods of treatment.

1. Stomatitis: With insoluble preparations (injected) stomatitis arises in 10 to 40 per cent.; in the author's experience in from 6 to 7 per cent. With inunction it may also occur. Even other individuals living in the same room as the patient may develop stomatitis. It can easily be avoided with sublimate injections if ordinary care is used. The author has never seen severe stomatitis during thirty-two years.

2. Enteritis: He has seen this complication in 3 to 5 per cent. of those treated with insoluble preparations. It may arise suddenly even after the cessation of the treatment. Diarrhoea may easily occur with inunction, and it may arise without warning. The author has never seen marked enteritis from sublimate injections.

3. Nephritis probably rarely occurs with the insoluble preparations. Welander found albuminuria in 4 per cent. of those treated by inunction. The author has never seen nephritis and very rarely indeed albuminuria after sublimate injections.

4. Embolism: Pulmonary embolism has been noted from the insoluble preparations. It could not occur after inunction, and the author has never seen symptoms pointing to it after sublimate injections.

5. Nervous symptoms: After the injection of insoluble preparations he has seen headache, noises in the ears, and in two cases weakness in the extremities. Nervous complications, including paralysis, have been seen after inunction. The author has never observed mental change or motor or sensory symptoms due to sublimate injections.

6. Pain is more common after the insoluble preparations.

7. Abscesses occur in 2 to 15 per cent. of cases in which insoluble preparations have been injected. After sublimate injections by himself the author has never seen an abscess.

Lumbar Puncture.

Stadelmaun, writing in the British Medical Journal, says that although this procedure is generally easy, it may not be so in the case of restless and semi-unconscious patients. In tuberculous meningitis the fluid drawn off should be clear, with tubercle bacilli in it, in suppurative meningitis turbid or purulent with pyogenic micro-organisms in it and in cerebral abscess clear and without micro-organisms. Tubercle bacilli have not been found at times by some observers, although Lichtheim has never missed them. Clear fluid without micro-organisms may also exist in tumor cerebri simple meningitis (Quinke), and even suppurative meningitis. The difficulty of distinguishing at times between cerebral abscess and meningitis is well known. If pus is drawn off by lumbar puncture suppurative meningitis must be present. Sometimes the fluid has been turbid only, but this is thought by Lichtheim to be exceptional. The author then records a case of suppurative meningitis secondary to fracture of the base, where the fluid was turbid and blood stained. Too much importance must not be attached to blood-stained fluid. A case of fatal meningitis secondary to ear disease is also recorded. Here clear fluid was drawn off during life, and no tubercle bacilli or other micro organisms could be found in it by cultivation or otherwise. The author thinks it doubtful whether a communication exists (at least in the pathological condition) between the subarachnoid space and the cavities of the ventricles. He suggests that the drawing off the fluid may lead to an extension of the infection to the cord. He would account for the hitherto unexplained pain after aspiration as well as the limited amount of fluid at times obtained by the closure of the communication between the ventricles and the subarachnoid space. The author emphasises the importance of the positive and the unreliability of the negative evidence obtained by lumbar puncture.

The One Reliable Specific.

Dr. William Richard Goodfellow, M. R. C. S., Roche, Cornwall, England, L. S. A. (London Hospital, Surgeon Roche and St. Anstell United Mines), says:

"I have used in practice the preparation known as Succus Alterans, and have much pleasure in bearing testimony to its great value. For diseases having their origin in a syphilitic source, I believe Succus Alterans to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the Succus Alterans in all cases I have indicated herein.—*Medical Reprints, London.*

Ammonol in Malarial Paroxysm.

BY CYRUS EDSON, M. D., NEW YORK.

President Board of Pharmacy, City of New York. Member New York Academy of Medicine. Member New York County Medical Society. Past Health Commissioner of New York State and New York City, Etc.

Many writers have called attention to the unfavorable effects of Quinia when administered during the paroxysm of malarial fever. The drug then seems to increase the headache and to have a rather bad effect on the general condition of the patient.

It has been effectually demonstrated that the proper time for Quinine administration is during the period of intermission or remission, and no one can deny that Quinine is a *sine qua non* in the treatment of malaria when thus used. The treatment of the malarial paroxysm, i. e., the algid and febrile stage of the disease, has not received the attention it deserves at the hands of medical men. Usually the patient is packed in heavy blankets and permitted to shake, burn and sweat in succession until the paroxysm wears itself out. Not only is this discomfort unnecessary, but the physician by permitting it loses valuable time and makes subsequent treatment more difficult. Careful, judicious treatment of the paroxysmal stage of malarial fevers will relieve much suffering and very materially aid subsequent treatment.

I propose to outline in detail the treatment of a typical case of intermittent fever, and I will preface my description with the statement that I have followed this treatment in a large number of cases, obtaining such invariable successful results as to lead me to adopt it as a regular routine practice in all cases of malarial fever.

The treatment is commenced, during the first chill if possible, by administration of from 5 to 15 grains of Ammonol, the dose depending on the age of the patient, a child of ten years being given the minimum dose, and one grain being added for each subsequent year for older persons up to the maximum dose of 15 grains.

The remedy is given in powder form, dry on the tongue, and washed down with a hot toddy of whiskey, rum or gin, sweetened to the taste, and not very strong. The amount of the alcoholic liquor should vary from a teaspoonful to two tablespoonsful in about four or five times the amount of hot water. The quantity should be determined by the age of the patient. The good effect of this dose should be apparent within an hour. The headache disappears as if by magic; in many cases the chill is shortened and the fever and sweat completely aborted. At the expiration of an hour from the time of administration of the first dose, a second dose of the same quantity of Ammonol, followed by half the amount of toddy, should be given. Occasionally the second dose may consist of half the

quantity of Ammonol first given ; this if the patient seems so completely relieved as not to require medicine.

My first action after a cessation of the paroxysmal stage is to exhibit a dose of calomel rubbed up with soda bi-carb., and the following prescription indicates dosage :

R
 Hydrarg. Chloridi mite.
 Sodæ bi-carb aa.....grs. iii. to vj
 M sig. one dose.

In very young children gray powder in dose of three-quarter grains may be best substituted for the calomel. During the stage of intermission I give a dose of six to twelve grains of Quinine, preferably in liquid form, i. e., dissolve by aid of sulphuric acid in water, as follows :

R
 Quinia Sulph.....grs. xij.
 Acid Sulph. dil. qs. ft. sol.
 Aquæ.....℥i.
 M sig. one dose ; to be taken after cessation of fever.

In a majority of cases no secondary chill will occur until the seventh or fourteenth day if no further treatment is given, but to clinch the driven nail, it is necessary to give two or three grains of quinine before meals, followed after eating, three times daily, with Fowler's solution of arsenic, dose, two to six drops, for a week. Ten grains of Ammonol should be taken at bed time during this period, and the bowels kept open by means of a mild saline aperient taken before breakfast in the morning.

The action of Ammonol in the malarial types of fever seems peculiarly happy. Its good effect is perhaps largely due to the ammonia it contains. This agent has for a long time been known favorably as a malarial remedy. It unlocks the secretions, stimulates, has a selective action on the liver, and not unlikely is a destroyer of the spasmodium of malaria.

That Ammonol is an effective malarial germicide can readily be proved by its action on the disease when given as the sole treatment in cases of it. I find the treatment I have given as most certain, however, and I cannot too highly recommend it.

In cases of remittant fever I follow the same line of treatment, using Ammonol during the stage of high fever and Quinia during the remission.

LOUISVILLE, KY., Jan. 23, 1888.

Sirs:—Your favor to hand, and, in reply, will say I received your samples of T. S. of Quinfne, and found it in every way as represented, a fine way to administer the drug to children. I think one of our wholesale houses keeps it here, or, at least, I understood they did.

Respectfully,

T. E. GASNELL.

Salicylate of Sodium in Cases of Exophthalmic Goitre.

(Translation from the *Revue Generale d'Opt.* by Dr. Chibret.)

The oculist can consider Basedow's disease as belonging to his domain, for he is more frequently called upon to treat it than are others. This affection is one of those against which we find ourselves most frequently unarmed; therefore, I think, we should gratefully and speedily accept a method of treatment which shows itself to be of rapid and lasting effect as shown by four cases, which were observed for various periods.

A lady, 44 years of age, presented herself April 15th, '89, with the triad of symptoms: high degree of exophthalmos, goitre, tachycardia.

Sodium salicylate, given in the daily quantity of 75 grs. divided into four doses, produces considerable improvement of the symptoms in four days. The improvement persists when the remedy is not discontinued. After five months the patient disappeared from observation.

A farmer, aged 42, called March, '90, with the triad of symptoms. The tachycardia is such that he can neither sleep nor take exercise. Slow walking takes his breath; asphyxia of high degree, profuse sweats. Sodium salicylate was given, four doses daily, 20 grains each, producing an improvement in six days. The medication being continued, the patient was able to resume his farm labors at the end of one month. This result is the more astonishing considering the well known gravity of the affection in the male.

A lady, aged 31, came December, '91, with exophthalmos and tachycardia; a tendency to oedema of the whole right side of the body and slight goitre. In three days the salicylate improved the state of affairs. The remedy being continued, the improvement is upheld. The symptoms returned repeatedly on trying to stop the salicylate.

This patient, carefully observed for two years, could leave off the salicylate after one year of treatment. Now, she takes it only in case of emotion, or on catching a cold, or when she is very tired—whenever she feels that she is threatened by the return of the pathological symptoms, because her condition is less satisfactory.

A lady, aged 40, presented herself January, '91, with the three symptoms. Her condition was at once improved by the salicylate. Continued as in the former case, it gave the same good results, in spite of a life full of worry, which is so apt to produce an aggravation.

Unfortunately, my observations are limited to these four cases; nevertheless, I did not think that I should defer their publication any longer because they are old enough and sufficiently significant to produce conviction. The scarcity of the affection, moreover, might force me to defer the publication indefinitely, if I waited till I had a sufficiently large series.

In conclusion, I want to say, that in the pronounced cases I have

found great repugnance against the medication. I recommend to administer the four doses in, at least, a pint of fluid; also, the quantity may be reduced to 30 or 60 grains if the patient cannot take the full measure of 75 grs.—*Am. Journal of Ophthalmology*.

Is Acute Tonsilitis in any Way Dependent on the Rheumatic Diathesis?

Abstract of a paper read at the Seventeenth Annual Congress of the American Laryngological Association, Rochester, June, '95.

Geo. B. Hope, M. D., of New York, read a paper in which he took the ground that the theory of acute tonsilitis very generally attributed to an underlying rheumatic or gouty diathesis is, in the writer's experience, not substantiated by clinical observation, and believes that the accepted version is largely due to the natural disposition to fall into line with time-honored views and unconsidered statements. The issue is made that patients subject to attacks of tonsilitis do not commonly afford a history of rheumatism proximate or remote, while, on the other hand, the rheumatic individual rarely suffers from inflammation of the tonsil; that it is noteworthy that the tonsil in later life becomes less and less disposed to acute attacks, while the rheumatic age is more confirmed. Furthermore, as a local acute manifestation rheumatism should select a sero-fibrous rather than a nuro fibrous or lymphatic structure like the tonsil.—*The Annals of Ophthalmology and Otology, July*.

Glaucoma.

In a paper read before the Medical Society of Plymouth, Dr. Elliot Square stated that he has seen numerous cases of Glaucoma which physicians had failed to recognize, having made a diagnosis of cataract. This error should not be committed.

After doing homage to von Graefe and Helmholtz, the author describes the various forms of the disease, which are the acute, chronic and secondary. Eserine is used to relieve the first symptoms and keep the case along until iridectomy or other treatment may be instituted.

Cocaine in Chloroform Narcosis.

At the meeting of the Berlin Medical Society Dr. Roseberg (The Canadian Practitioner) advised the spraying of the nasal mucus membrane with a cocaine solution (per cent. not mentioned) before administering chloroform. He states that by this treatment anæsthesia is more rapidly affected, and reflex action on the heart is prevented. Cocaine being an antidote to chloroform its absorption would probably lessen the danger of the latter.

Skin Diseases.

Heine Marks, M. D., Superintendent and Surgeon in charge of the St. Louis City Hospital, Member of the American Medical Association; Member of the Missouri State Medical Society, and ex-Member of the Board of Managers of the House of Refuge, says :

Sometime ago, having had my attention drawn to the claims made by the promoters of Pineoline, of its efficacy as a stimulant and antiseptic agent in the treatment of various diseases of the skin, I concluded to give it a trial in the wards of the St. Louis City Hospital. I was the more induced by the fact that its composition included an active derivative of the pine, which has long been known to possess healing qualities of no mean order. I was then suffering from Seborrhœa of a chronic nature of the scalp, face and arms, and I somewhat reluctantly decided to try the preparation upon myself as an experiment to which I would not submit any of my patients. I had, however, but little faith in its efficacy, having previously almost exhausted the Pharmacopia in the way of external and constitutional treatment, without securing any permanent relief. It was practically because I had nothing else left to try that I concluded to use Pineoline. I applied it locally three times a day, massaging the parts affected for from five to ten minutes with each application, and to my unqualified surprise and delight, in two weeks the eczema has entirely disappeared, nor has it since returned. During the time I was using the ointment, I merely supplemented the treatment with a simple laxative. Subsequently I used the Pineoline in from twenty to thirty cases of the various forms of Eczema, which came under my charge as Superintendent of the St. Louis City Hospital, always with the same relatively admirable results.

Tropa-Cocaine.

Tropa-Cocaine is the name given to an alkaloid obtained from a Java coca-plant. Its action resembles that of cocaine, but is not identical with it, tropa-cocaine being less than one-half as toxic as cocaine. Local anæsthesia, both of the eye and skin, is more quickly complete with tropa-cocaine. Solutions of this drug retain their strength for a much longer period than those of cocaine.

Ireductomy has been performed, without pain, in two minutes after two drops of a three per cent. solution had been put in the eye.

The next annual meeting of the Tri-State medical Society of Alabama, Georgia and Tennessee will be held in Chattanooga on Tuesday, Wednesday and Thursday, October 8th, 9th and 10th. Papers have been promised by such men as Murfree, Douglas, Cunningham, Johnson, Davis and Woodbridge. The program will be announced later.

Acute Mania.

By W. H. DEWITT, M. D.

Extract from a paper read before the Academy of Medicine of Cincinnati, May 13th, 1895 :

The medical treatment of these cases is very simple, and can be disposed of in few words. To procure sleep and quiet is perhaps the greatest desideratum, and I know of nothing so certain in its action as chloral hydrate, given in 40 or 60 grains. It may be given alone or combined with one of the bromides. The "Bromidia" of Battle & Co. I have always found very reliable. It is almost certain to quiet and produce sleep. You will occasionally meet with cases that resist the influence of chloral even in large repeated doses; here opium or some one of its derivatives, either given alone or in connection with the chloral, will be found of service. If hypodermically administered, not less than one-third of a grain should be given. Small doses only excite the patient, and do more harm than good. Hydrobromate of hyosine has some advocates. The milder hypnotics, such as sulfonal, chloralamid, etc., are not to be thought of in these cases; they are practically inert, and do no good.—*Lancet-Clinic*, June 22, 1895.

The STIMULANT ANALGESIC and ANTIPYRETIC

DOES NOT DEPRESS THE CIRCULATORY SYSTEM.

Ammonol (AMMONIATED PHENYLACETAMIDE.)

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"Hemicranine."

(Powder Form).

{ Phenacetine-Bayer	-	-	5 parts	}
{ Caffeine	-	-	1 part	}
{ Citric Acid	-	-	1 part	}

Put up in ounce tins.

For neuralgias, hemicrania or migraine, and headaches of all kinds, especially cephalalgias of nervous origin, the combination of Phenacetine, Caffeine and Citric Acid has frequently been suggested, and as there seems to be a growing tendency to prescribe this combination, we offer it in the form of *Powder, Pills and Tablets*.

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{ Caffeine	-	-	1 part	}
{ Citric Acid	-	-	1 part	}

Compressed Tablets of Hemicranine, the same strength as the Soluble Pills.

Schieffelin & Co New York

Incipient Cataract.

A paper read by Dr. A. R. Baker before the Section of Ophthalmology, A. M. A. Baltimore meeting, 1895.

Dr. Baker believes that there is a nephritic as well as a diabetic cataract. He reported two cases of diabetic cataract, in which there was marked improvement in vision, and one of nephritic cataract, in which vision improved for a period of five years from $\frac{2}{100}$ to $\frac{2}{50}$. That many cases of cataract are due to local pathological conditions of the eye itself, he could not doubt, and might be improved by local or constitutional treatment. He thought these cases were too frequently dismissed with the advice "wait until the cataract is ripe," and that the profession does not give these cases the same careful study that is given many other diseases. He suggested, in conclusion, that in all cases of incipient cataract: (1) the urine should be examined; (2) the general health should receive careful attention; (3) all refractive errors should be corrected by glasses; (4) a careful examination of the fundus should be made; (5) the patient should receive general or local treatment as may be suggested by these inquiries; (6) that if operative interference be necessary it should be instituted at the earliest possible moment before the general health becomes impaired.

Render the Intestinal Canal Antiseptic.

The Materia Medica gives at least one safe intestinal antiseptic. It is Salol. Professor Hare, in the last edition of his Practical Therapeutics, says that Salol "renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid material in the bowel, as does opium." He regards Salol as "one of the most valued drugs in the treatment of intestinal affections." Have we a substitute for opium for the relief of pain? Here comes in the American coal-tar products the first of which, for the relief of pain, stands Antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in Salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present, we have a remedy equally efficacious in Antikamnia; an ideal combination for the treatment of this large class of diseases, and we may specially cite Typhoid Fever. These two drugs are put up in tablet form, called "Antikamnia and Salol Tablets," each tablet containing two and one-half grains of Antikamnia and two and one half grains of Salol.

Chionia, the hepatic stimulant is attracting much attention in the medical profession. Its physiological action is that of a gentle stimulant to the liver and portal circulation, encouraging normal action of that organ. It is not considered a cathartic specifically.

Palmettine

Hypophosphites.

A VITALIZING, NUTRITIVE TONIC,

This preparation combines the specific properties of fresh Saw Palmetto Berries, with the nutrient and tonic qualities of the Hypophosphites of Iron, Lime, Potash and Manganese, and is entitled to rank as the most valuable agent in reconstructive and invigorative therapy.

Each Fluid Ounce contains :

Saw Palmetto Berries, fresh,	120 grains
Hypophosphite Lime,	14 "
Hypophosphite Iron, Potash and Manganese, each, 1 grain.	

Saw Palmetto has a pronounced action upon the glands of the reproductive organs, tending to increase their activity and promote their secretive faculties. It has recently come into great prominence with the profession as a most valuable remedial agent in prostatic troubles, presenility, difficult micturition, irritated bladder and inflammation of the Urethra.

Combined with the PURE SALTS of Hypophosphites its stimulating and soothing influence over the mucous membranes of the respiratory and the intestinal tract, render it a very valuable remedy in the treatment of chronic Bronchitis, Catarrhal, Scrofulous and Tubercular affections. It relieves coughs, improves the appetite and aids digestion.

DOSE.—One to two teaspoonfuls, or as directed by the physician.

PALMETTINE HYPOPHOSPHITES WITH COD LIVER OIL.

The disagreeable taste of both the Cod Liver Oil and the Saw Palmetto are completely disguised without sacrificing in the smallest degree the medicinal virtues, and the combination is identical with our PALMETTINE HYPOPHOSPHITE, with the addition of 25 per cent. of Cod Liver Oil as represented by its active principles.

We confidently believe this combination will be found to be the most superior remedy in lung and throat affection.

Dose same as Palmettine Hypophosphite.

 Reports of Cases, and Correspondence Invited.

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Mention Charlotte Medical Journal.

The Treatment of Venereal Affections.

For many years Iodoform enjoyed the reputation of being the most effective topical remedy for the treatment of venereal affections, and even to the present day it is still employed to a considerable extent in dispensary practice. Efforts have been repeatedly made to discover a substitute for this malodorous substance, and among these Europhen has been found to approximate most closely to iodoform, both from a chemical and physiological standpoint, while completely devoid of its objectionable odor. In its therapeutical action Europhen appears identical with iodoform except that in some instances it has shown itself superior to the latter, and its agreeable faint saffron-like odor contrasts more favorably with the horrible stench of its congener. For these reasons Europhen has been warmly recommended by many authorities in those affections in which Iodoform had been previously employed. Its chief field of usefulness, however, is the domain of venereal diseases, syphilis, and chancroid, in which it gives better results than any other remedy. In cases of chancroid it produces rapid cleansing and healing of the sore, and is best applied in a mixture with equal parts of boracic acid, or in the following: Europhen 5 parts, boric acid 10 parts. Aside from the prompt cicatrization secured from its use in these cases, it almost immediately relieves the pains and thereby greatly contributes to the comfort of the patient. In the treatment of the initial lesion of syphilis and of secondary or tertiary ulcerations, Europhen is also particularly indicated, and has proved superior both to iodoform and other topical applications.

La Grippe; Diphtheria; Typhoid Fever.

It is not often that we hear of a patient who is made to undergo three such serious diseases as the above in rapid succession. But such was the case with the daughter of Dr. Wm. Boteler, of Kansas City, Mo. In a recent issue of the North American Medical Review, of which Dr. Boteler is editor, a description is given of the case of his daughter, now four and a half years old. After suffering with an unusual severe attack of la grippe, diphtheria developed as diagnosed by the Klebs-Loeffler Bacillus. She had not recovered from this, in fact was attenuated to a dangerous degree, when she was stricken with typhoid fever, from a weight of forty pounds she was reduced to twenty, with almost total disability. Dr. Boteler describes her condition at this time as something most pitiable. He then began the use of Paskola; and this is the way his report closes: "Its effect seemed instantaneous. She has taken the medicine now over a month, is playful, well, and weighs thirty-four pounds, a gain of fourteen pounds. I can pay no better tribute to your worthy preparation than to say from this and other cases, I consider it the very best regenerator known to the profession."

MALTOPEPSINE**TILDEN'S****A UNIQUE AND PREPOTENT DIGESTANT.****PROMPT, PLEASANT AND RELIABLE.**

WHAT IS IT? **Maltopepsine** is a dry powder, essentially of Malt-Diastase, Pepsin, Hydrochloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

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Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

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Calisaya Tinct.	5 grs.
Pepsin Sac.	3 "
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Iron Pyrophos.	
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Gentian	2 "
Steyelma Sol.	1-100 "
With Vegetable Aromatics.	

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A Significant Fact.

According to no less an authority than Moleschoot, the ideal diet for the human adult comprises twice as much starch or other carbo-hydrates, as all meats, fats and salts combined.

It is a well known fact that starch is first changed by digestion into a peculiar form of sugar, and finally into fat. It is thus the fuel of the body. This information, while in no sense new, is worthy of careful thought and study.

What physician has not repeatedly asked himself the questions, "How can I put flesh on this patient's bones?" or "How can I stop the continual loss in weight, which can have but one end?"

It is fat that such patients need, and it avails nothing to give them foods which are either indigestible or offensive to the palate. This precludes the use of cod liver oil and other fats, as well as most forms of starch, for patients of the type described are almost invariably troubled with impaired digestion, and whenever starches fail to properly digest they undergo rapid fermentation, thus setting up a chain of secondary disorders which are quite as annoying as the original disease.

It is for this reason that Paskola promises to be such a valuable addition to the *Materia Medica*.

Its basis is an artificially-digested starch, which presents fuel to the body in a readily assimilable form. It conserves energy by relieving the system of the necessity of digestive effort, and by the happy combination with it of a small proportion of hydrochloric acid, the natural acid of the gastric juice, and meat-digesting ferments, it is given a decided value as an aid to the digestion of other foods.

Paskola stands unique among preparations of its class, and has now been on the market long enough to clearly establish its very exceptional value in the treatment of anæmia, general malnutrition or troubles attributable to deranged digestion whether gastric or intestinal.

Francis I. Leonard, M. D., No. 1514 Atlantic Ave., Brooklyn, N. Y.

My wife has suffered for a long time with Dyspepsia Anorexia and "that tired feeling" accompanying such ailments. Finally I gave her Malto-pepsine in both the elixir and powdered form, and I am gratified to say that all these symptoms vanished under its magic touch. I am using Malto-pepsine very extensively in all forms of Indigestion with the most satisfactory results. In Cholera Infantum it stands preeminently above any known remedy in the treatment of this disease.

If your dyspeptic patient is "out of sorts" with loss of appetite, give him two or more teaspoonfuls of Seng before each meal; an appetite will soon succeed his heretofore indifference to food.

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of chronic bronchitis, rheumatism, kidney pain, goitre, and a host of other diseases yield to the influence of Gardner's Syrup of Hydriodic Acid, when all else fails.

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Peroxide of Hydrogen.

By J. P. PARKER. Ph. G., M. D., of St. Louis, Mo.

(Abstract from The Times and Register, June 8th, 1895.)

I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as that of another, and bought the cheapest as a matter of economy, but recent experience has taught me that the difference in quality is greater than the difference in price. After an unpleasant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of H_2O_2 in the market, and was surprised to find so much difference. Some are useless, and others worse than useless because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively because I find it contains the desired quantity of available oxygen and not enough free acid, to be objectionable, and its keeping properties are all that could be desired.

By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.

My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker, I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.—ED.

Eye-Strain as a Cause of Nocturnal Enuresis.

Dr. Geo. M. Gould, in the Med. News, gives the histories of five cases of nervous children, all of whom numbered among their various symptoms "wetting the bed." Headache was a prominent symptom in each of these cases, following the use of the eyes at close work; other nervous symptoms were also present pointing to the eyes as being faulty and, after using atropin, glasses were fitted, correcting their refractive errors.

The results were very gratifying, for not only were the eye-symptoms proper relieved, but the enuresis also.

In one case, the glasses having been lost after they had been used a few months, all the symptoms returned, but were relieved on obtaining a duplicate pair of glasses. Since nocturnal enuresis is often "reflex" the ocular factor should not be overlooked in casting about for its cause.

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FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eruptions of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,

INDISPENSABLE FOR THE DENTAL TOILET.

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FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo Salicylate of Lithia.

Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alternative and Anti-lithic agent in the treatment of

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REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

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suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE and LAMBERT'S LITHIATED HYDRANGEA.

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"Why do they call the people who live in some of the South Sea Islands cannibals?" asked an old woman of a sailor.

"Because they live on other people," answered the sailor.

"Then," said the old woman, pensively, "my son-in law must be a cannibal, for he lives on me."

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Hats, Men's Furnishing Goods.

Nothing but the **BEST** of Everything for **MEN**.

 If you do not live in **CHARLOTTE** send me orders for what you want.



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IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for Stability, Strength, Purity and Excellency.

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DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE, — OPEN SORES: ABSCESSSES, CARBUNCLES, ULCERS, — INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS, — INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER, — WOMEN'S WEAKNESSES: WHITES, LEUCORRHEA, — SKIN DISEASES: ECZEMA, ACNE, ETC.

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Both Medal and Diploma

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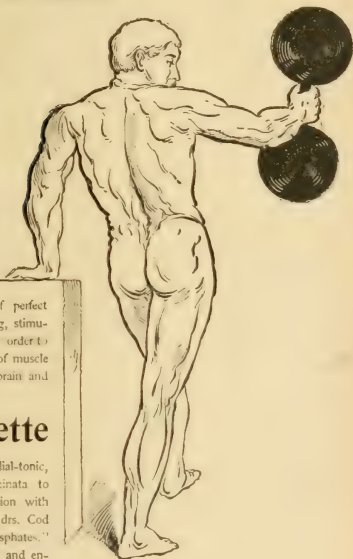
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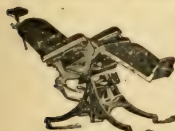


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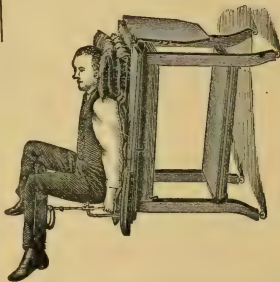
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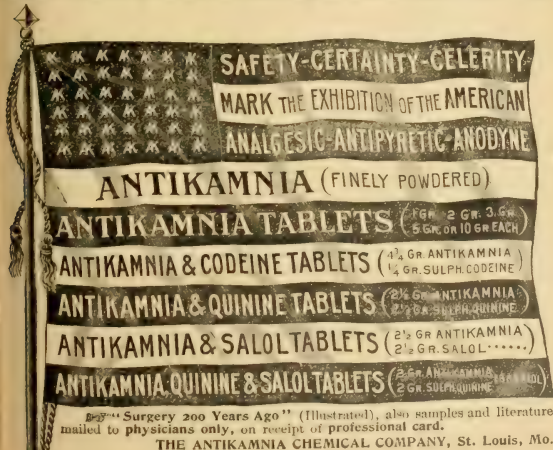
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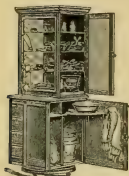
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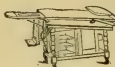


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- 2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
- 3rd. Obtaining height of 39½ inches.—Fig. VII.
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Fig. XVII—Dorsal Position.

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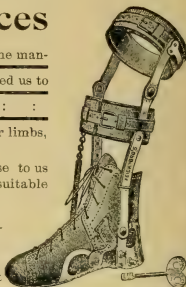
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The Charlotte Medical Journal.

VOL. VII. CHARLOTTE, N. C., OCTOBER, 1895. No. 4.

An Interesting Case of Twins.

BY JOS. B. DELEE, M. D., CHICAGO.

Demonstrator of Obstetrics, N. W. University Medical School; Chief Obstetrician, Chicago Lying-in Dispensary.

Reported Expressly for this Journal.

Twins occur once in about eighty-seven cases of labor. Although they are so common they always excite interest, because their cause is not known, anomalies in labor are so apt to occur and complications are so common. The fetal and maternal mortalities are, therefore, higher than in normal labor, and operative procedures are more often necessary. Further, the combinations of presentation and position are very various and in number that of an arithmetical progression.

The case which I have to report is interesting in several of these particulars and, therefore, deserves relation in extenso.

Mrs. Mary M., aged 27, Italian, has had three normal labors at term, and one abortion at three months (cause unknown). Her family and personal history is good. No record of "twins in the family." Last period, October 18th, 1894. Motion felt at fourth month. Had early and persistent nausea. Oedema of the extremities began at the fifth month, when the patient remarked that she was larger than she ought to be for that period of pregnancy.

The urine contained slight amounts of albumen, was small in quantity, acid in reaction, reddish yellow in color.

Patient after suffering for three weeks from severe backache, pain in abdomen, and dyspnoea, all due to the great abdominal distension, notified the Dispensary, July 25th, 1895, of the advent of labor. The pains had begun the day before, and had gradually reached a moderate intensity.

First examination—short, fat but evidently well built woman. Temperature normal, pulse accelerated. Heart and lungs displaced upward, but otherwise normal. Abdomen enormously distended. Legs and thighs very oedematous, and this oedema extends to the ribs. Abdominal wall so infiltrated that nothing inside is palpable, and a tumor-like, translucent mass five inches thick hangs down between the thighs. Slightly pendulous abdomen and fluctuation could be gotten all over it.

Two pairs of fetal heart tones could be heard, one on each side of the uterus, but nothing else determinable from the external examination.

The two sets of heart tones were nearly synchronous. Patient was put to bed, and eight hours later a second examination made.

The œdema had slightly gone down, and now the findings were: Irregularly heart shaped uterus, distinct flattening in the fundus, fluctuation all over. Small parts in fundus, both sides. A head over the inlet of the pelvis, freely movable. Heart tones on each side of the uterus, synchronous and no free zone between them.

Internally: perineum well preserved, vagina large and roomy, pelvis roomy; high up can be felt a forehead. Bag of waters intact. Cervix effaced. Os dilated to size of dollar. Pains few, weak and short.

Pelvic measurements, between Crests, 29 cm., between Spines, 26½, Bandelocque, 19, Conjugata Diagonalis, 12¼, Circumference, 95. Therefore Conjugata Vera, 11 or a little less. Sacrum well formed. No signs of rhachitis.

July 26th, 11 P. M. General condition essentially the same. Œdema somewhat gone down. Only one set of fetal heart tones audible, and on the left side. Per vaginam: face presenting, lower than yesterday, but not engaged in the inlet.

July 27th. Condition about the same. Two pairs of heart tones, each about 140 per minute, however. Temperature normal. Pulse 100. Pains every eight minutes, short and weak.

July 28th, A. M. Pains during the night stronger and at intervals of five minutes. Temperature 100. Pulse 100. Gave Atropine $\frac{1}{30}$ every 1½ hours. Enema. Vaginal douche of one per cent. Lysol.

July 28th, P. M. Cervix size of the palm, soft. Otherwise everything the same. Thinking that the expectant treatment had been pursued long enough (three days) I decided to interfere in the labor.

A diagnosis was made, probable twins, one face, mento laeva anterior, the other transverse. Hydramnion. After giving a one per cent. Lysol douche, the membranes were punctured, but I put my finger into the opening and let the fluid off slowly. This was to prevent prolapse of the cord. The membranes were tough and the pains weak, so that the opening did not enlarge. A great quantity of water was allowed to escape. Two and a half quarts were collected in a pan, while the soaked bed and floor showed as much again.

Examination after this was more satisfactory. In addition to the fetus in face presentation there was behind this, under the liver, a fluctuating sac containing a hard body, which gave ballottement, and was presumably the head of a second child in an intact bag of waters. Pains improved. Temperature 100.2. Pulse 120. Single fetal heart 144.

July 29th, A. M. Condition the same. Temperature 99. Pulse 110. One pair fetal heart tones, 144 per minute. Woman very weak, quite

haggard for want of sleep, and highly excited. Decided to terminate labor. Indication: weakness of the powers of labor. The conditions were all present, i. e., the passages were ready.

Assisted by Dr. Tice, Mr. Bradbury and Miss Barter, Visiting Nurse, the kitchen was turned into an operating room. Antisepsis with Lysol exclusively. No anæsthetic. The small opening in the membranes was enlarged, and membranes stripped over the face. Face just reached inter-spinous line, was movable, i. e., in the inlet. Chin partly rotated anteriorly, the facial line in the right oblique diameter of the pelvis.

Forceps were applied in left oblique diameter. One good traction brought the head into pelvis, a second completed rotation. Then re-adjusted forceps to the sides of the head. Chin brought under symphysis, and occiput over perineum easily. Child in good condition.

A second child could now be felt in transverse position, head to right, back posterior. High in vagina a second bag of waters. Slight hæmorrhage. Waited twenty minutes, controlling the fetal heart tones. Then ruptured the bag of waters, found an arm presenting, the cord prolapsed, pulsating strongly. Uterus now contracted powerfully and forced the shoulder into the pelvis. Waited a few minutes till the pain was over then the hand was passed in o uterus and the upper foot grasped. Could not bring it down, as the presenting shoulder was wedged against the pelvic brim. So I used a procedure invented by Justine Sigmundine, and generally known as the Double Manual—i. e., put a sling around the foot and while pulling on this pushed the shoulder up out of the pelvis with the other hand. The rest of the operation was easy, save that in the extraction the left arm of the child was caught in the nape of the neck and was brought down with great difficulty. Smellie Veit method of delivery of the head.

Child somewhat asphyxiated. It was tied off, held vertically to let fluids run from the mouth, and by means of the tracheal catheter 5ss. of Liquor Amnii was sucked from the trachea. It soon cried lustily. Both children were males.

I. Weight 7 lbs. Length 50 cm. Circumference of head 37 $\frac{1}{4}$.

II. Weight 7 lbs. 8 oz. Length 50 cm. Circumference of head 36.

In the third stage considerable hæmorrhage. Crede's method of treatment employed. After twenty-five minutes successful expression. A slight tearing was felt as placenta left the uterus. Loss of blood considerable, uterus showing tendency to relax. Massage for three hours. Ergotole hypodermically. Ergot by mouth.

There were two placentæ adherent by a wall of decidua. No anastomoses could be found between them. Two amnions and two chorions could be demonstrated in the septum. The twins were, therefore, from

separate ova, and their being of the same sex, accidental. There was a piece the size of a hazel-nut missing from the margin of one placenta, and this could be diagnosed only from the fetal surface by the sudden breaking off in the course of one of the vessels. One cord was inserted marginally and the vessels described large arcs around the placenta.

The woman made an excellent recovery. No temperature above 99.8. Children both doing finely. This case presents several points of interest which I wish to take up in order.

First. *The Hydramnion.* There was at least a gallon of water in the sac of the first child. This is a moderate increase in the amount of liquor Amnii. Delore¹ says that anything over two litres is abnormal. As the ovum was healthy in all respects we must look for this increase in the general hydræmia of the mother.

Second. *The peculiar position of the fetuses.* In analysing a table given by Charpentier, *Traite des Accouchements*, page 480, I find that face presentation occurred with twins four times in 2195 cases, once with the breech, three times with the occiput of the other child. In a rather extensive literature at my command I have found no case similar to the one reported. I trying to explain the occurrence of this peculiar combination I found myself in that sea of etiological factors which are given by various and many authors as causative of face presentation.

The most plausible seem to me these: First. Hydramnion. Charpentier l. c. page 411 shows that face presentation is common with hydramnion, and quotes experiments with dead fetuses to show that deflexion occurs when they are suspended in a tub of water, and that this deflexion of the chin is increased when the head touches the bottom of the vessel. Second. The position of the other fetus may have had something to do with it. Lying transversely across the inlet, behind the first fetus it must have prevented the flexion of the trunk so necessary for the approach of the chin to the sternum. (Ahlfeld, *Lehrbuch der Geburtshulfe*, page 124).

Third. *Regarding the Diagnosis of Twins.* Very few of the usual signs could be used. Twice were two sets of fetal heart tones heard, but each time they were nearly synchronous. The change in the position of the tones from one side to the other at the different examinations was due to the body of the child lying in front, being freely movable in the great quantity of liquor Amnii.

The finding a second body in a fluctuating sac after the fluid has been emptied from the first is a new point in the diagnosis of twins.

Fourth. *The use of Forceps with the first child in preference to version and extraction.* It is the safest rule never to use forceps until the head is engaged, that is, till the head has passed into the pelvis with its greatest segment. One should do version. This is especially true of face pre-

sensation as owing to the length of the head, the face appears to be low in the pelvis, whereas, in reality, the bi-parietal diameter has not yet gotten into the inlet. Schroeder² says it is the ignorance of this fact that causes the high fetal and maternal mortality of forceps operations in face cases. In this case the face had just reached the interspinous line—this meant that the largest diameter had not yet passed the inlet.

Three operations had to be considered. First, changing the face to a vertex presentation after the method given by Bau lelocque³, i. e., passing in the whole hand and forcing the chin to the sternum, or else B.'s method as modified by Thorn⁴. Second, version by the combined method and extraction. Third, the forceps. Examination revealed a small head and a roomy pelvis. The chin had already begun to rotate anteriorly, so I determined that as reversion would be needed with the second I would use forceps on the first child. The extraction was very easy indeed.

Fifth. *Regarding bringing down the upper foot in the version.* Simpson, Kristeller and Hohl⁵ advised to do this always when the back of the child was to the back of the mother. Schauta⁶ representing the Vienna school in which really the precepts of the English school are handed down, strongly recommends the adherence to this rule.

The Germans, however, prominently Fritch⁷ and Schroeder², claim that it makes no difference which foot is brought down, while Zweifel, of Leipsig⁸, says never bring down the upper foot in back posterior positions where the shoulder is wedged in the inlet. Ribemont-Dessaignes⁹ advises, as did Simpson and the Vienna school. The Americans reflect the opinions of the authors across the Atlantic, some, (Parvin¹, Lusk¹⁰, Meigs,) allowing any foot to be grasped, others (Hirst¹¹, Jaggard,) recommending the upper foot.

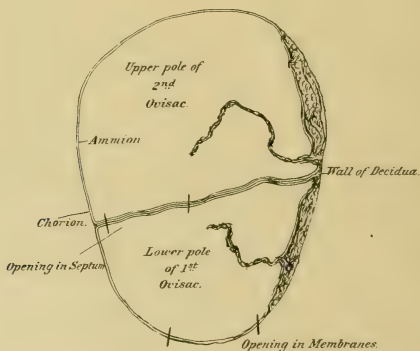
Now the idea is this: When the back is posterior, by seizing the upper foot, in the subsequent version, the child is rotated on its longitudinal axis, and its back comes to the symphysis, thus preventing, in the subsequent extraction, the occiput from getting into the hollow of the sacrum.

The Germans claim that no matter which foot is brought down if the extraction is conducted properly, the back will come anteriorly, and the occiput give no trouble, and that nature alone can attend to this, or the accoucheur can assist the mechanism by directing the movement of the trunk. That, therefore, the attempt to find the upper foot is unnecessary and sometimes positively harmful by prolonging the operation, and exposing the mother to the risks of infection and rupture of the uterus. Zweifel l. c.⁸ says even, that the version may be made impossible by the other extremity being jammed across the inlet, and quotes a case illustrating the condition.

It is possible that the difficulty experienced in my case, which necessitated the use of the double manual was due to this cause.

As far as my experience goes I think it makes little difference which foot is brought down, as by bringing down the second foot or pushing up the shoulder the version can be completed, and by directing the extraction slowly the occiput comes anteriorly. In the easy cases I look for the upper foot; in the cases where it is difficult to reach the feet I take the first I can get, and am usually glad to get any foot.

The placenta in utero were situated one above the other, for during the version the lower edge could be felt in the lower uterine segment to the left side, and the opening in the membranes being near the placenta showed this also. The bag of waters of the second child was ruptured through the septum. This could be demonstrated after the placenta was expelled, and I present here a schematic drawing to represent the conditions as they existed in utero.



Winckel's Text-Book of Midwifery, page 116, has a picture of a similar case.

Budin, Arch. de Tocologie, 1883, page 140, describes three positions that the ovisacs occupy in the uterus. First, they lie parallel with their poles in the lower uterine segment and the fundus; second, transversely, one ovisac occupying the lower uterine segment, the other the fundus; third, one lies in front of the other. The case presented is a combination of the second and third of this classification, i. e., one fetus lay in front and below the other.

Finally. Regarding the Diagnosis of absent small pieces of placenta. Inspecting the maternal surface of the placenta in this case it seemed complete. 'Twas a little ragged, but all the cotyledons fitted well together.

On the fetal surface, however, near the edge could be seen a rather large vein torn across and there a small blood clot. Corresponding to this, on the other side, was a defect the size of a hazelnut. This explained the slight tearing felt during the performance of Crede's expression.

Examination with this point in view is a valuable aid in determining if the placenta is complete, especially in cases of hæmorrhage when one suspects a placenta succenturiata retained in the uterus.

Chicago Lying-in Dispensary, 295 W. 13th Place.

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The Formation of Pus.

By V. A. GUDEX, M. D., Professor of Bacteriology, Milwaukee Medical College and School of Dentistry.

Written for The Charlotte Medical Journal.

The discovery of anaesthesia and the development of aseptic surgery have been of much greater value to suffering humanity than anything the medical profession has ever invented.

Pus formerly was considered a necessity in the healing art; but to-day, the problem assigned to the profession is its entire prevention.

How is pus produced? is a question not easily answered. The practitioner who takes life easy will usually reply—"bacteria." This answer is short, and to the point; yet meaningless. It is a step-brother to the expression—"Remove the cause."

Experiments in the bacteriologic laboratory, especially by our European brethren, have materially aided us in forming a partial solution of this problem.

Pus can not be developed in the system naturally, except through a peculiar action of bacteria or bacterial product on the tissue. Experimentally it may be produced with certain chemicals. But since these chemicals are never developed in the system either by a morbid or physiological process, this kind of pus formation is limited to the experimental laboratory.

All pus is pathological, it never can be called physiological. For

sake of description, however, it may be divided into bacterial, and non-bacterial or chemical pus.

The pus forming power is not confined to any one species of bacteria, but is common property of many different germs. Dilligent research has annually swelled the list of pyogenic bacteria. The most common pus producers are: *Staphylococcus pyogenes aureus et albus*, *Streptococcus pyogenes*, *Bacterium coli communi*, *Diplococcus lanceolatus* Fraenkel, and *Pneumobacillus* Friedlaender. Leyden and later, Grawitz, proved that the gonococcus of Neisser possessed pyogenic properties. Orloff, Roux, and others, placed the typhoid bacillus under the same list, and Arloing and also Fuchs found small anaerobic bacilli which produced pus in guinea pigs and rabbits. Buchner succeeded in producing pus with seventeen different kinds of micro-organisms. It must also be borne in mind that the simple injection of pyogenic germs does not always produce pus, for two reasons: The system may be able to resist and destroy them; or the virulence of the germ may have materially decreased.

The experiment of injecting pyogenic germs and resulting in pus has been performed so many times with success that it no longer can be called a theory, but a well established fact. Every aseptic operation demonstrates that inflammation and tissue injury alone is powerless in producing pus. Here may be mentioned the experiments of Buchner. They have given considerable inspiration to the study of pus formation. He claimed that pus was produced through a protein, an albuminate contained in the bacterial cell, and substantiated his position with the following experiments:

He injected sterilized cultures of Friedlaender's pneumo-bacillus and produced pus. He was not able to destroy the pus producing power of the germ after one hours boiling. On letting the cultures stand for a few days and allowing the bacteria to settle, injections of the upper stratum containing no bacteria produced no pus, but inoculations with the sediment did. Other experimenters achieved similar results.

Bacterial pus, then, is due to the action of certain elements contained in the bacterial cell on the tissues, resulting in their destruction with peptone as one of the new substances formed.

Non-bacterial pus can be produced with a number of chemical substances of which turpentine, croton oil, silver nitrate, and mercuric chloride, received the greater attention. Animal alkaloids, like cadaverin, may also be grouped under this head.

The experiments reported by Poliakoff* are a very plausible explanation of the formation of non-bacterial pus. I have repeated his experiments and, therefore, can verify them.

The mode of procedure is not a new one. It consists in preparing

*Centralblatt für Bacteriologie, Vol. xviii, p. 83.

very thin glass capsules, filling them with the reagent and melting the ends together. The animal is prepared by shaving the back and cleansing the skin, the same as for an aseptic operation. A fold of the skin is picked up and an incision made through it with an aseptic knife. A sterile glass tube, a little larger than the capsule is pressed through this opening some distance under the skin. Through this tube the capsule previously sterilized is introduced, and the glass tube withdrawn; the wound is then dressed and closed with chloropercha. It takes nearly three weeks for the wound to heal. The glass capsule is then crushed.

Ten drops of turpentine introduced in this manner produced a large encapsulated abscess in ten days. The action of croton oil is a little more rapid.

The pus produced in this manner can not be differentiated from bacterial pus, except that it contains no bacteria. It gives the reaction of peptone, and also contains the large polynuclear cells.

These experiments do not substantiate the claim that chemical pus contains no peptones, and no large polynuclear cells. The only real difference outside of the one before mentioned is that chemical pus has no tendency to spread.

Buchner claims that the formation of pus was due to the gradual and continual exudation of the protein from the bacterial cells into the tissues. Poliakoff* attempts to explain this with the following experiments:

Capsules of celluloidin were prepared through which transfusion of liquids takes place very readily. In one rabbit five drops of turpentine were introduced subcutaneously with a Pasteur pipette. This resulted in a slight swelling which soon disappeared, the autopsy showing no trace of pus. In another rabbit a celluloidin capsule containing five drops of turpentine was introduced in the same manner as the glass capsules. This resulted in an abscess of creamy pus, in which rested the uninjured capsule still containing turpentine, and freely movable in the mass.

The same experiment was made with a bouillon culture of *staphylococcus pyogenes aureus*. Two c.cm. of the culture produced no effect when injected under the skin[†]; but the celluloidin capsule containing but seven drops of the same bouillon produced a large creamy abscess containing the uninjured capsule. The pus was entirely free of germs, consequently must have been produced by the gradual transfusion of the poisonous product of the germs into the tissues.

*I have not yet repeated these experiments, but will do so and report the result to your JOURNAL. I sincerely hope other experimenters will give a helping hand to solve this problem.

†The quantity seems rather large to be absorbed without pus production. My own experience was not quite so fortunate.

From the foregoing experiments the following may be concluded :

1. Any irritating substance introduced into the system, and remaining for some time at a given point, will produce pus, provided it can form a peptone with the tissues.
2. The natural process of pus formation in the system is always caused through bacteria.
3. The transudation of the poisonous principle into the tissues seems to be continual though gradual.
4. Chemical or non-bacterial pus is never developed in the system unless the irritating chemical is artificially introduced.
5. Chemical and microscopic examination of bacterial and non-bacterial pus shows no difference except that the latter contains no germs.

Fracture of the Femur.

By DR. EDWARD ANDERSON, Rockville, Md.

Written for the Charlotte Medical Journal.

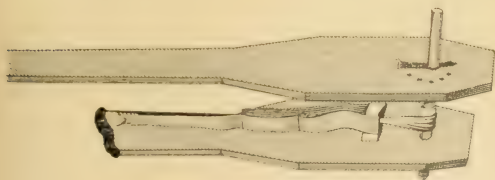
In treating patients in the country, and especially where those patients are poor, it is important that we should devise some means by which we may avoid frequent visits. I once asked one of the most prominent surgeons in this country how he treated fracture of the femur. He said he treated children and thin adults by putting the fracture up in plaster, and at the same time using extension by weight and pulley.

The next case that came under my care was that of a child eight years old, upon whom I tried the treatment recommended, with the result of between two and three inches shortening. The boy would move his body toward the pulley in spite of all that could be done to prevent it.

On the fourth of July last, a six year old boy had the upper part of his right femur fractured by a heavy door frame falling on him. The injury was due to the carelessness of a carpenter who was repairing the house. He went to work with alacrity, under my direction, on an apparatus to be used in the treatment of the case. I had two splints made out of a half inch board. One thirty-eight and a half inches long, to reach from the axilla to eight inches below the sole of the foot; the other twenty-five and a half inches long, to reach from the pelvis to eight inches below the sole of the foot. The long splint was four inches wide at the upper end, where it was scooped out to fit under the arm, and narrowed down to two inches at the ankle, thence it was again left four inches wide to its lower end. The short splint was made exactly like the long one except that it was only three inches wide at the top where it was scooped out and rested against the pelvis.

These splints were thoroughly padded by stuffing them with raw cotton and covering them with pieces of an old bed comfort that was in the house. I cut a piece of surgeon's plaster, two inches wide and long enough to reach from just below the fracture down one side of the leg over a small block and up the other side opposite the starting point where it stopped.

This strip of plaster was made to stick fast by bandaging the leg over it. An inch hole was made through each splint near its lower end through which a windlass was made to work, about six inches below the sole of the foot. A cord from the block to the windlass completed the apparatus. A roller bandage was placed over the splint, from the foot to the perineum and in places tacked to the splints to keep them firmly in place and upon which the leg rested at the bottom. A bandage around the chest kept the upper end of the long splint in position. No attempt was made to keep the limb in proper position other than that made by turning the crank of the windlass. With this appliance I could have drawn the head of the femur out of the socket. As it was, at the end of twenty days the broken leg was a half inch longer than the sound one, the lengthening being done at the expense of the ligaments of the hip joint. The beauty of the treatment in this case consisted in the fact that it was not necessary to see the patient a second time, until it was time to take the apparatus off for good, and also that the child was comfortable and happy, whilst wearing it. All that the parents had to do was to keep the cord, from the block to the windlass, tense by turning the crank and fixing it in its new position with a peg in the long splint. See diagram.



After the splints had been in position twenty days I took them off and put on a plaster bandage from the knee to the body. I saw no more of the boy until the fourth of September, just two months from the time that he received the injury, when he was brought to my office by his father, who had taken the plaster off, and it was impossible to tell which was the injured limb.

Fistula in Ano as a Complication of Pulmonary Tuberculosis.

By EDWARD F. WELLS, M. D., Chicago.

Written expressly for this Journal.

That fistula in ano is a frequent complication of tuberculosis; that a large proportion of the subjects of anal fistulæ are likewise tubercular; that operations for the cure of these fistulæ are very often unsuccessful; and, finally, that fistula in ano is a salutary vent in tuberculosis which can only be interfered with to the detriment of the patient, are traditional opinions which are very thoroughly grounded in the medical profession. These opinions seem to be based upon personal, diffused and irresponsible authority, and their origin is lost in the hazy obscurity of the past. Are they true, and should they prevail as prognostic and therapeutical guides? These are questions of such importance to the practical physician as to merit his careful consideration.

When medical and surgical patients of every description—ambulatory as well as those confined to bed—are considered, fistula in ano occurs about once in 750 cases, as shown in the following table:—

TABLE I.—*Showing Proportion of Cases of Fistula in Ano to all Diseases.*

SERVICE.	Year.	Cases all Diseases.	Fistula in ano	Proportion.
Boston City Hospital.....	1886	18536	53	1 to 350
" " "	1893	23731	53	1 to 450
U. S. Marine Hospital Service....	1873	11832	21	1 to 563
" " "	1875	12939	19	1 to 681
" " "	1876	13303	32	1 to 416
" " "	1880	24860	30	1 to 829
" " "	1881	32613	40	1 to 815
" " "	1883	40195	39	1 to 1030
" " "	1886	43832	44	1 to 996
" " "	1887	45314	30	1 to 1510
" " "	1888	48203	49	1 to 984
" " "	1889	49518	53	1 to 934
" " "	1890	50671	52	1 to 974
" " "	1891	52992	88	1 to 602
" " "	1892	53610	64	1 to 822
" " "	1893	53	72	1 to 740
University of Penna. Hospital....	1884	8	22	1 to 400
" " "	1885	8	14	1 to 621
" " "	1886	8	29	1 to 304
Totals and averages.....		601773	804	1 to 748

Of those who enter general hospitals for treatment, about one in 150 persons have fistula in ano, as shown in the following table:—

TABLE II.—*Showing Proportion of Cases of Fistula in Ano in Hospital Patients.*

SERVICE.	Year.	Cases all Diseases.	Fistula in ano.	Proportion.
Boston City Hospital.....	1886	4959	39	1 to 127
" " "	1893	6724	30	1 to 224
German Hospital, Philadelphia...	1876	415	0	1 to 415
" " "	1878	304	1	1 to 304
" " "	1880	382	0	1 to 382
" " "	1882	652	1	1 to 652
" " "	1884	886	4	1 to 221
" " "	1886	969	1	1 to 969
Johns Hopkins Hospital.....	1889	788	12	1 to 65
Newark City Hospital.....	1886	888	1	1 to 888
University of Penna. Hospital....	1884	1316	17	1 to 77
" " "	1885	1002	11	1 to 91
" " "	1886	1061	17	1 to 62
Totals and average.....		20046	134	1 to 149

As every physician of experience will recognize, the proportions shown by these two tables are very much greater than are met with in private family practice among the better classes. However, I know of no statistics of any great extent to which one can appeal upon this point.

Statistics as to the frequency of fistula in ano in pulmonary tuberculosis are neither abundant nor satisfactory.

In the Brompton Hospital for Consumption anal fistula occurred in four per cent. of 8,000 cases of phthisis; but in another and more recent series of cases it appeared in only one per cent.¹ During ten year there occurred in the U. S. Marine Hospital service 534 fatal cases of pulmonary tuberculosis, only two of which were complicated with fistula.² Of 800 phthical patients examined by Andral only one had fistula.³ Louis, in his statistical investigations of tuberculosis, found that fistula in ano was very rarely observed.⁴ In my own private practice, extending over a period of more than twenty years, fistula in ano appeared in only one case of pulmonary tuberculosis; and in this instance the fistula, which was short and superficial, and gave rise to very little inconvenience, had existed several years before the development of pulmonary symptoms.

The opinions of authors have varied:—

Allingham⁵ says:—"I have not the slightest doubt that there are im-

1. Taylor, *Lancet*, March 8, 1890, p. 547.

2. See U. S. Marine Hospital Reports, 1881 to 1893, except 1882-4 and 5.

3. See Allingham, *Diseases of the Rectum*, Philadelphia, 1883, p. 17.

4. See Gerhard, *Diseases of the Chest*, Philadelphia, 1860, p. 272.

5. *Op. cit.*, p. 17.

mense numbers of phthysical persons in whom no fistulæ exist, but I have also no doubt that there is a very large number of cases of fistulæ in which there is tubercular disease of the lungs."

Bushe⁶ observes:—"It is very apparent that a great many fistulæ depend upon disease of the lungs." Copland⁷ says that "fistula in ano sometimes occurs in the course of phthisis, more frequently in the early stages," while Hamilton⁸ is of the opinion that "in the later stages of phthisis abscess by the side of the anus ending in fistula is not uncommon." Curling⁹ notices the frequent concurrence of the two maladies. Flint¹⁰ says that "perineal abscess, leading to fistula, is a complication occurring in a certain proportion of cases." Gaston,¹¹ writing of a large experience in Brazil, where anal fistulæ appears to be very common, is of the opinion that the relations existing between pulmonary tuberculosis and fistula in ano are purely accidental, and Hird,¹² in an elaborate paper read before the Medical Society of London, Oct. 13, 1855, said that his observation did not "verify the opinion of many writers, that fistulæ are most frequently found in phthysical patients; but on the contrary, are in harmony with the views of Andral and Louis, both of whom demonstrate, by statistical inquiries, that these affections, occurring simultaneously in the same individual, are merely the result of accident; and that they do not stand to each other in the relation of cause and effect." Gerhard's¹³ opinion may be inferred from his remarks:—"Dr. Louis came to the conclusion that this was a rare complication in phthisis, but his conclusions are based upon peculiar data; on examining all the phthysical patients who entered the wards of a hospital, he found that fistula in ano was extremely rare. If he had examined, on the other hand, all the cases of fistula in ano admitted into a surgical ward, he would have found that a large proportion of them end in phthisis, either during the continuance of the fistula or after it has been cured by a surgical operation." Ferguson¹⁴ says that "the coincidence of fistula with disease of the lungs is often remarkable." Ruehle¹⁵ says:—"Fistula is not infrequent in phthisis." Smith¹⁶ says that "it is well known that fistula in ano is not infrequently associated with pulmonary disease." Cripps¹⁷ found phthisis present in from 10 to

6. Diseases of the Rectum.

7. Medical Dictionary, N. Y., 1856, Vol. III, p. 1214.

8. Dublin Hospital Gazette, April 1, 1854, p. 68.

9. Diseases of the Rectum.

10. Practice of Medicine, Philadelphia, 1868, p. 279.

11. American Journal Medical Sciences, July, 1881, p. 31.

12. London Lancet, N. Y. Ed., 1855, Vol. II, p. 505.

13. Diseases of the Chest, Philadelphia, 1860, p. 272.

14. Practical Surgery, Philadelphia, 1848, p. 568.

15. Ziemssen's Handb., Leipzig, 1877, Bd. V, H. 2, S. 81.

16. Holmes' Syst. Surg., Philadelphia, 1884, Vol. II, p. 648.

17. Lancet, 1890, Vol. I, p. 547.

15 per cent. of cases of fistula in ano. Allingham,¹⁸ in 1632 cases of fistula occurring in private practice, found pulmonary symptoms present in 234—14 per cent.

The development of an anal fistula in a tubercular subject appears to follow the ordinary course. Although ulceration of the intestines in the neighborhood of the cæcum is very frequent, and ulceration of the colon and upper portion of the rectum is not uncommon, ulceration of the lowest portion of the rectum is rare. It is probable that in the great majority of cases the fistula is preceded by a perineal abscess.

A man, aged 26, the subject of pulmonary tuberculosis, had a perineal abscess which was incised, evacuated and dressed. It healed in fourteen days. Six weeks later, however, another perineal abscess appeared, and it was found that the former sinus had reopened and communicated with the bowel. The two fistulas were laid open, packed with iodoform gauze and dressed antiseptically. The fistula and wounds never entirely healed, and the patient continued to decline and died eleven months later. At the autopsy the right lung was found to be a tubercular mass, with very little normal tissue left. There were scattered tubercular deposits in the lower lobe of the left lung. The liver was very large and fatty, and the mesentric glands were greatly enlarged¹⁹.

The peri-anal abscess may be tubercular in its nature²⁰. The infection in such cases may originate in the glandular tissue at the bottom of a normally existing pocket between the external and internal sphincters²¹. In these cases the fistulous opening, or the wound following an operation, is apt to have the characteristics common to tubercular ulcerations in other parts.

Fistula in ano has been considered as protecting against the development of pulmonary tuberculosis; as acting as a salutary vent in and retarding the progress of phthisis; as being difficult or impossible to heal; and that the operative interference in these cases is usually followed by dire consequences to the patient, although dissenting opinions are not wanting.

According to Copland²² fistula in ano "has the effect of prolonging the duration, or, to a certain extent, arresting for a time the progress of phthisis." Flint²³ says that "clinical observation shows that, as a rule, when this complication occurs, the amount of tubercle in the lungs is small or moderate, and that the progress of the pulmonary affection is

18. *Op. cit.*, p. 17.

19. *U. S. Marine Hospital Reports*, 1892, p. 203.

20. Allingham, *Lancet*, 1890, Vol. I, p. 547. Flint. *Op. cit.*, p. 279.

21. Gibbs, *N. A. Practitioner*, July, 1889, p. 289.

22. *Op. cit.*, p. 1214.

23. *Op. cit.*, p. 279.

slow," Gerhard²⁴ says:—"As a general rule cases of consumption complicated with fistula are quite slow in their course, and they are most frequent in men who are advanced to the middle period of life. These cases of fistula ought very rarely be treated by a surgical operation. I have often thought that I was rendering an important service to patients by preventing them from allowing industrious surgeons to tamper with cases of the kind mentioned." Hamilton²⁵ says that "the existence of the fistula may be of use as a derivative in delaying the fatal progress of the disease, and, therefore, no good surgeon would think of operating, unless when the pain and annoyance are unusually great." Ruehle²⁶ is not so sure that the prevalent opinion is correct:—"So long as one has a discharging anal fistula, he is protected against pulmonary consumption, or at least its progress, therefore such a fistula should not be closed in one affected or predisposed to phthisis." So runs the tradition, he says, but the statistics to support the dogma are not forthcoming. It remains merely the opinion of individuals. Thompson²⁷ says: "Among the causes tending to retard the progress of pulmonary consumption, I am disposed to mention fistula in ano. A few years since there happened to be under my care nine consumptive patients affected with this disease. I had the curiosity to inquire into the duration of the malady, and found on adding the duration in each case, and dividing by the number of patients, that I obtained an average of two years and nine months, although not one had advanced beyond the first stage. When you are reminded that the duration of phthisis, in a majority of cases, does not exceed eighteen months, you will concur with me in the impression that fistula may possibly, in the way of derivation or counter-irritation, retard the progress of the malady. Practically this subject claims particular attention. When the surgeon operates on fistula in the phthisical, the wound is inapt to heal; but were it otherwise the measure would be of questionable propriety, if the disease tends directly or indirectly to abate consumption." Williams²⁸ considers that any discharge in a case of phthisis, if not excessive, does good to the lung. In one of his cases of acute tuberculosis, in which the disease was spreading, a fistula formed, which was immediately followed by retrogression of the physical signs. The patient was able to continue at his work for five years, when the fistula healed. Two months later an extensive ingravescence of the pulmonary disease took place and the patient rapidly succumbed. He had seen many other cases in which the lung symptoms had become more marked after the fistula had healed, and he is of the opinion that only such cases should be sub-

24. *Op. cit.*, p. 272.25. *Dublin Hospital Gazette*, April 1, 1854, p. 68.26. *Op. cit.*, S. 81.27. *London Lancet*, N. Y. Ed., 1852, Vol. I, p. 9.28. *Lancet*, March 8, 1890, p. 547.

mitted to operation in which the fistula are a source of worry to the patient or irritate the system.

Medical literature fairly bristles with opinions in the same vein :—

Fergusson²⁹ says that a "surgeon would seldom be justified in interfering with a sinus" when the lungs are affected. Gross³⁰ is of the opinion that "all attempt at a radical cure are, of course, inadmissible when there is serious organic lesion in other parts of the body, especially the lungs. To avert the local irritation would, in such an event, prove highly detrimental by expediting the crisis." Shield³¹ considers it "advisable to operate only when the fistula gives very great inconvenience to the patient." Smith³² says that when fistula in ano and phthisis coexist "it certainly would not be prudent to perform an operation, unless the suffering from the local affection should be very great and the mischief in the chest be very slight. If the fistula be cut when the patient is suffering from phthisis pulmonalis the wound, in the majority of cases, will not heal up, even though life may be spared for a considerable time." Trousseau³³ says that "it is dangerous to cure anal fistula in tuberculous subjects." Verneuil³⁴ found that in operations for fistula in ano in "phthisical subjects relapse took place, no matter what method had been employed." Jeanne³⁵ operated upon two patients, one with early and the other with advanced tuberculosis. In both instances the wound refused to heal, but the general conditions were improved. Lowe³⁶ believes that operations should be undertaken with caution. In many cases septicaemia results, and the incisions rarely heal.

Some other writers of the widest experience and greatest reputation take a more hopeful view of the subject :—

Thus William Allingham³⁷ says: "For my own part, I do not think we have many, if any, clinical facts tending to show that the operation for fistula in phthisical patients renders the lung affection worse, or makes it more rapidly progressive. In saying this I must not be understood to advocate wholesale, indiscriminate operations upon tuberculous patients; but I mean, that if care be taken in the selection of the proper cases, avoiding interference, if possible, with rapidly advancing phthisis, and the operation be performed discreetly, at the right time of the year, and with favorable surroundings, the patients will generally do well, and be benefitted

29. Practical Surgery, Philadelphia, 1848, p. 568.

30. Surgery.

31. Lancet, 1890. Vol. I, page 547.

32. Holmes' System of Surgery, Philadelphia, Vol. II, page 648.

33. Clinical Medicine, Philadelphia, 1873, Vol. II, page 739.

34. London Medical Record, April 15, 1883.

35. Medical News, February 23, 1884, page 222.

36. Lancet, March 8, 1890, page 647.

37. Diseases of the Rectum, Philadelphia, 1883, page 18.

and not damaged, by the cure of their rectal malady." Herbert Allingham³⁸ divides fistula in phthisical patients into three classes:—(1) fistula in conjunction with active tuberculosis; (2) fistula with chronic phthisis; and (3) strumus fistula. In the second and third classes judicious operative treatment is desirable, and he knows of several cases in which the lung trouble has been benefitted by the operation. Cripps³⁹ says that "if the fistula is extensive and the pulmonary disease active an operation should not be made, except to relieve pain, by enlarging a narrow orifice. If the fistula is associated with chronic lung disease a careful operation will be followed by healing as readily as in healthy patients. Erichsen⁴⁰ "in several cases found considerable advantage result by operating for fistula in the early stages of phthisis, * * the patients' health having considerably improved after the healing of the fistula." Hamilton⁴¹ says: "Some physicians and surgeons have thought it inadvisable to close a fistula in ano when the patient was laboring under phthisis. My experience does not permit me to entertain this opinion. * * It has happened to me in several instances to witness a marked improvement of the general condition of tuberculous patients when a cure of the fistula had been effected. * * The truth is, however, that fistula occurring in consumptive patients are pretty sure to heal slowly, even when the knife is employed, and in fact the great danger is that with our best directed efforts they will never be made to heal." Taylor⁴² says:—As a rule they cause the patient but little trouble, and in such cases it is best not to operate. He doubts whether the healing of a fistula hastens the progress of lung disease. Of four cases submitted to operation by Huse⁴³, one was the subject of pulmonary tuberculosis. The operation was successful and no appreciable injury accrued from checking this so called "salutary" discharge.

CONCLUSIONS.

I. That fistula in ano occurs oftener in the subjects of pulmonary tuberculosis than in the case of the otherwise healthy or those affected with other diseases.

II. That the fistula, in these cases, may be either tubercular or non-tubercular in its nature. If the former it is difficult to cure by an operation, and if an operation is decided upon it should be more radical than those heretofore in vogue—experience and authority have condemned the ordinary operation of simple incision in these cases. If the fistula is free

38. *Lancet*, March 8, 1890, page 547.

39. *Lancet*, 1890, Vol. I, page 547.

40. *Science and Art of Surgery*.

41. *Surgery*, N. Y., 1873, page 781.

42. *Lancet*, March 8, 1890, page 547.

43. *N. Y. Medical Record*, March 15, 1871.

from local tubercular involvement an operation is advisable and it will be generally successful.

III. That fistula in ano is in no sense a salutary issue, and that every operable case which is annoying to the patient should be cured, if possible, and that endeavors should be made to so improve operative measures as to permit the subjects of tubercular fistula to be operated upon with a fair promise of success.

34 Washington Street.

The Reduction of Spurs of the Nasal Septum by Electrolysis.

In the N. Y. Medical Journal, August 31, Dr. W. E. Casselberg gives his experience with electrolysis in the treatment of spurs on the nasal septum. The Doctor used the direct Edison current derived from the street current, utilizing it by means of the McIntosh current controller.

To illustrate the method of application, and to fix in the reader's mind the different classes of these cases, the article is accompanied by reports of several cases.

From his experience, the Doctor concludes, that:

Strictly cartilaginous spurs can be thoroughly removed by electrolysis, but it is more tedious than the surgical method.

Spurs containing cartilage and bone can be only partially removed—the electric current having no power over the bony portion of the spur.

Spurs composed wholly of bone can not be removed by electrolysis; also, that this agent is powerless to correct deviated septa of any kind.

The Slight Effect Sometimes Obtained as the Result of Free Tenotomies of the Ocular Muscles.

It is a recognized observation that in tenotomies of the ocular muscles a given amount of cutting is not followed by the same amount of correction, and we are unable to fully explain why this should be the case. The effect of a tenotomy generally depends on the amount the cut muscle is set back when reattached to the ball, hence, when a decided effect is desired we divide the tendon and Tenon's capsule. But the fact remains that in different individuals exactly similar operations are, not infrequently, followed by very different results.

As a rule the effect of a tenotomy on a large, prominent eye will be more marked than the same operation on a deep set eye, hence we would expect greater results to follow the operation on a myopic eye than on a hyperopic eye, since the former is larger than the latter.

In some individuals, the muscle, when cut, has a more marked tendency to retract towards its orbital attachment, which would, of course, increase the effect of an operation on it.

Plans to be Adopted in Cases of Pregnant Women who are About to Die Undelivered.

Professor Remy, of Paris, has this to say on the subject: Under circumstances such as these an effort must be made to save the life of the child, and as a means of accomplishing this three plans have been suggested. They are:

1. To wait for the mother's death and then immediately to extract the child.
2. To do Cæsarean section whilst the mother is yet alive.
3. To employ means to expedite labour and to extract the child by the natural passages as speedily as possible.

Prunshuber's statistics show that when the mother is allowed to die before the child is extracted by abdominal section only about 5 per cent. of the children survive. Puech's statistics are somewhat more favourable; but there can be no doubt that the chance of obtaining a living child under these circumstances is very small. The performance of Cæsarean section upon a dying woman, who is unable to give her consent to the operation, is undoubtedly open to sentimental objections. Gusserow and Manasse consider that the operation is justifiable under the following conditions; (1) When it is clearly proved that the mother is about to die and (2) that the child is alive. Remy favours the plan of rapid dilatation of the cervical canal and extraction of the child *per vaginam*. Violent measures should be avoided, and the dilatation proceeded with as slowly, as the condition of the mother will permit.

Infiltration Anæsthesia.

Dr. H. V. Wurdmann says: Experiments has proven that a variety of fluids, when injected, not under, but into the skin, would produce a practical local anæsthesia, having the advantage over cocaine of being entirely harmless. Distilled water injected into the skin produces anæsthesia, but is painful, while normal salt solution is painless, but causes no anæsthesia; a solution, however, of two-tenths per cent. of sodium chloride is painless and produces anæsthssia. Two-tenths per cent. of cocaine, morphine, carbolic acid and other agents have similar effects. The efficiency of the solutions is increased by cooling.

A fine needle is passed obliquely into the skin (under the epidermis to the papillary layer) and the fluid injected, thus producing a white elevated wheal, anæsthetic through the entire thickness of the skin, and lasting from two to twenty minutes.

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Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, NEW YORK.

The Charlotte Medical Journal.

E. C. REGISTER, M. D.,

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RELATIVE AGENCY OF MILK AND WATER IN THE CAUSATION OF TYPHOID FEVER.

Up to a very recent period the prevalent opinion has been to attribute typhoid fever infection largely, if not solely, to contaminated water. The histories of numerous recent endemic outbreaks of this disease, in various parts of the country, go to show that this opinion must now be modified, and that contaminated water under the ordinary conditions of domestic usage from wells and streams is quite incapable of originating the disease in the absence of certain co-operant factors. Reliable experiments and observation demonstrate that the bacilli as found in water of ordinary consumption, are too attenuated and weak through the unpropitious nature of their containing media to produce the disease in the human organism. It is only when the virulence or pathogenic properties of the bacilli have been augmented by passing through some hospitable pabulum that they become sufficiently active and hostile to multiply and invade the organism with pathologic results.

This is an important and radical departure from our former views. Water taken from wells and streams, unless largely and grossly polluted is harmless in itself when taken into a healthy human stomach possessing the normal amount of gastric acidity and resistance. It is only when these factors are lowered or absent that the individual succumbs to an invasion which would otherwise be of no effect, the attenuated bacilli being destroyed. On the other hand there are conditions by which the bacilli themselves, however weak and few, may become strengthened and numerous, and possess virulent effects for all whom they invade.

That it is through the operation of this latter class of influences that we must look for the cause of many instances of typhoid fever is becoming more apparent as time passes. Of all media or agents capable of increasing the virulence of the bacilli, of converting the weak and compara-

tively harmless into the pathogenic, milk occupies the chief position. Whether directly adulterated by polluted water for purposes of gain, or when the milk vessels are even washed with it, this becomes the means of propagating the bacilli and introducing them into the economy in a form which it is impossible to withstand. The recognition of this important and most frequent source of infection is something which cannot be emphasized too much. In it we possess the measures of prevention for a large part of typhoid fever. If those cases of this fever among those who drink milk could be separated from those who do not, there is good reason to conclude that at least ninety per cent. of all attacked would belong to the former group. *The chief contributory factor in typhoid fever is milk infected by polluted water—the latter is only a remote and infrequent cause which would be largely inoperative in itself alone.*

MEDICAL TREATMENT OF APPENDICITIS.

The appendix is a highly organized structure, as much so as any other portion of the alimentary canal. It possesses the same number of muscular, mucous and serous coats, has its individual mesentery and is equally supplied by nerves, lymphatics and blood vessels as are the intestines. A catarrhal condition here, as elsewhere in the canal, is amenable to free purgation and the removal of offending substances. The appendix, by virtue of its muscular structure, is capable of propelling substances passing into its cavity, and when peristalsis is set up in the contiguous parts the appendix also participates in these movements. In the case of a foreign body passing in the appendix, the latter by a reverse peristalsis passes it back, otherwise irritation is set up and inflammatory results follow after a time. It is a noticeable fact that in those cases where free purgation is an attendant symptom of this disease we rarely or never have vomiting, and *vice versa*. This signifies that the intestine makes an effort to rid the organism of the offending body either through direct peristalsis when possible, or by the reverse process when this is not effective. It is also the case with the appendix. Foreign bodies here are rejected by the same processes.

When cases of appendicitis are seen at the beginning, efforts should be made to move the bowels by purgatives and invite the action of the appendix. Failing to accomplish this, and the evidences of active inflammatory changes setting in, the ice bag should be applied to affected region in the right iliac. The object is to arrest or slow the inflammatory changes and invite their appearance towards the skin. When the possibility of arrest or abortion of the appendicitis has passed the hot water bag should be substituted for the ice bag, and the passage of the pus to the surface facilitated.

By the use of rest, complete and thorough evacuation of the bowels

and the use of the ice bag as described, numbers of cases of appendicitis can be saved the perils of a surgical operation and the disease aborted. We are opposed to the dictum that would pronounce all cases of appendicitis surgical ones irrespective of the stage, symptomology and the results which are seen to follow the purely medical treatment of them.

A HARMLESS ANTI-TOXINE.

The enthusiasm which heralded the introduction of antitoxin as a remedy for diphtheria has about subsided and more is heard now in condemnation than praise. The serum treatment of disease can never be generalized or employed safely owing to the inherent difficulties and crudities surrounding its production and employment. Whenever it shall become possible to distinguish and separate the curative from the toxic properties in the serum a number of the most important objections to its employment will have been overcome. We can then employ the former factor to the exclusion of the latter, which will be a great advantage.

As it now stands antitoxine is unquestionably toxic to the nervous system, the blood, the heart and the kidneys. Cases too numerous to cite corroborate this assertion, and it is needless to rehearse them here. On the other hand antitoxine has demonstrated its effectiveness as a cure for diphtheria, not only of the Klebs-Loeffler variety, but true clinical diphtheria. In our opinion these toxic and deleterious effects are due to factors which are foreign in character and are not essential to the effectiveness of the curative processes. They are leucomaines or alkaloidal bodies and should be detected and removed. The beneficial effects of antitoxine are in all probability due to the nuclein in the blood serum of the horse. The inflammatory reaction or leucocytosis produced in the organism of the horse after the inoculation of bacteria is followed by an increased production of nuclein. After repeated inoculations this production of nuclein is at its maximum in the blood, and it is now ready to be drawn and used in the infected human organism which it fortifies and calls out through its stimulating effects on the cells, the maximum influences of vital resistance. The serum of the horse, like all other animals, contains various bodies, innocuous as well as toxic in a more or less degree. When the serum is taken as a whole all the contained elements, harmless and otherwise are present. When this is inoculated in the human organism we necessarily have the complex effects following.

It is the business of experimentors to separate these two classes of substances, the curative and toxic, and to give us a serum containing the former without the latter. That it is possible to do this seems probable. We await results. If antitoxine is to continue to be used it must be made safer and harmless.

THE TIME THAT FOOD SHOULD BE TAKEN.

It is evidently the intention of nature that we should put into the stomach a certain portion of food, the excitement of which, inducing a secretion of gastric fluid by its action, becomes digested. This office of the stomach being effected, it should be left in a state of repose till its powers are restored and accumulated, and this return of energy would in health be denoted by a return of appetite. It is probable that three hours may elapse in health before digestion of a moderate meal is effected, so that the stomach is empty and in a state of repose. It is therefore reasonable to allot the same portion of time for the same purpose when the organ is disordered, whilst we have diminished the quantity of our food in order to proportion it to the diminished powers of the organ; yet instead of pursuing this rational plan of diet, many persons are taking food every third or fourth hour, pleading in excuse for such conduct that they cannot do without it. The truth is, that when the stomach is disordered the exertion of digesting a single meal after its excitement and efforts have ceased, is productive of languor, sinking, and inquietude, which ought to be calmed or counteracted by medicines and not by food, for a second meal cannot be digested in this state of the stomach. We also often tease and disorder our stomachs by fasting for too long a period; and when we have thus brought on what may be called a discontented state of the organ, unfitting it for its office, we sit down to a meal, and fill it to its utmost, regardless of its powers or its feelings. The rules, then, for diet may be thus summarily expressed: we should proportion the quantity of food to the powers of the stomach, adapt its quality to the feelings of the organ, and take it at regular intervals of six or seven hours thrice during the day.

THE PROGNOSIS OF ALBUMINURIA IN TYPHOID.

Different experiments show that albuminuria, though an almost constant condition in typhoid, is also one the significance of which varies. It may appear at the end of the first week or early in the second, and does not in any way affect the course of the disease, being merely the albuminuria of pyrexia. When, however, it appears later, at the end of the third week, it is an indication that grave changes are taking place in the kidney, and that toxic products will in future be eliminated with difficulty, and that uræmia may at any time declare itself. In such cases, even if the attack of typhoid be apparently slight, a guarded prognosis must be given. Although recovery may take place after kidney complications arise, such is not usually the case, the mortality being 66 per cent. Moreover, the quantity of albumen passed is no indication as to what the result may be, for in some cases there is a fatal termination although the quantity has been small. Of more importance is the amount of urine: when this is small the prognosis is grave.

TOO MANY OPERATIONS IN GYNECOLOGY.

Last June the German Gynæcological Association met at Vienna. A leading authority laid down the law that in gonorrhœal disease of the appendages it is absolutely wrong to leave the tube and ovary on one side, even if they seem healthy, and that it is much better to remove the uterus as well. Another authority supported him on the score that many "parenchymatous bleeding areas" are to be found in the uterus in these cases, so he always removes that organ. He does the same, he adds, in cases of malignant ovarian tumor—a clinical and pathological condition quite different from gonorrhœal inflammation. Veit, of Berlin, spoke in a vein of satire. The advocates of amputation of the uterus insist that when the appendages alone are removed exudations on the two pedicles set up pain and cause adhesions to the intestine, or else fix the uterus. Veit attributes the exudations to fresh gonorrhœal infection; therefore, says he, "castration of the husband is the best treatment for the patient." It is difficult to conceive anything more unsurgical than extirpation of the internal female organs for damage done by gonorrhœa; yet foreign authorities seem to go further—they recommend radical operations for pelvic cellulitis after labor.

Sir William Priestley makes a note of this great abuse, and rightly adds that the operation is sometimes undertaken because the patient is too impatient to wait for the slow recovery which would have taken place in due course. The truth is, that an operation followed by successful results is not necessarily justifiable, and impatience on the part of the patient is not by any means more absolute justification than her more tardy consent after injudicious advice.

THE USE OF DIPHTHERIA ANTITOXIN FOR IMMUNISATION.

Remarkable results have attended the use in New York of diphtheria antitoxin for immunising purposes. The conditions under which it has been employed have been peculiarly favourable for demonstrating its exact value. From May, 1892, to February, 18th, 1894, no cases of diphtheria occurred in the New York Infant Asylum, which ordinarily has about 400 inmates. From February 18th to September 1st, 1894, there were 22 cases of diphtheria and 15 deaths. In September there were 16 cases, and from this time to February 10th—108 days—107 cases of diphtheria occurred. These were very evenly distributed over this time, about 30 cases developing in each month. In the latter part of October systematic bacteriological examinations of the throats of the healthy children showed that diphtheria bacilli were present in so large a number that in order to isolate these nearly one-half the inmates were quarantined. All efforts directed to checking the progress of the epidemic were unattended with success up to the time that antitoxin was employed for immunisation. By the use of antitoxin it has been possible to completely stamp out diph-

theria in four great institutions for children in which it was prevailing in epidemic form. In no instance have there been, so far as can be determined, any serious results from the administration of the remedy for this purpose. The duration of immunity is apparently not more than thirty days in many cases.

DR. WILLIAM PEPPER ON INTERNAL ANTISEPTICS.

Dr. William Pepper, doubtless the greatest living exponent of medicine in America, in discussing the treatment of typhoid fever, uses the following language ;

"I am convinced, for instance, that it is a grievous mistake to omit the use, in conjunction with hydrotherapy, of some suitable remedy adapted to the state of the effected mucous membrane and to the septic condition of the intestinal canal. I doubt not that others have learned to use various remedies for this purpose with good results, as myself. I must state that for many years I have used nitrate of silver in every case of typhoid fever under my care and with such apparent benefit that I prefer it to all other agents."

CHEMICAL DECOMPOSITION DURING NORMAL DIGESTION.

In a perfectly healthy state of the digestive organs probably no chemical decomposition, even of the fæces, takes place ; yet such changes happen, in some degree, without apparently producing any injurious consequences. To chemical changes we may probably attribute the extrication of inflammable air, and the various and unnatural odours of the fæcal matter, which are observable in disordered states of the digestive viscera.

Microbe of Scurvy.

Testi and Beri have succeeded in isolating from a piece of scorbutic gum a micro-organism, which they believe to be the cause of scurvy. The microde stains in all the aniline dyes, resists Gram's stain, is perfectly round, and generally united with one or more of its kind. Its culture renders gelatine fluid, and gives rise to a sawdust like deposit. Inoculation of these cultures into guinea-pigs and rabbits gavs rise to fever, and the necropsy showed hæmorrhagic stains in various parts of the body, and nodules of connective tissue new formation. Experiments were made in four cases, and in three out of the four the above mentioned results were obtained ; in the fourth case the authors attribute their negative results to the fact that the patient had improved considerably under treatment. The diplococci found by the authors differ considerably from any that are usually present in the oral cavity of man.

BOOK REVIEWS.

SURGICAL PATHOLOGY AND THERAPEUTICS. By JOHN COLLINS WARREN, M. D., Professor of Surgery, Medical Department Harvard University; Surgeon to the Massachusetts General Hospital, etc. Octavo volume, pp. 832, with 135 illustrations. Price, cloth, \$6; half morocco, \$7.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1895.

It has been necessary to reconstruct the most important or foundation principles of surgical pathology since the germ theory of disease has become established through the science of bacteriology. Hence it is not at all remarkable that we find the first seventy-eight pages of this work exclusively devoted to the consideration of the study of micro-organisms. But the subject does not end here; it pervades almost every chapter in the book, and especially is it well brought out in the sections on infective inflammation. The author's treatment of this latter topic may be regarded as a surgical classic. It affords the most delightful reading on the subject that has ever fallen to our vision, and almost every sentence is instructive.

Tuberculosis is taken up in Chapter XXIV., and here again the author stands out in bold relief by his original treatment of the subject, to the consideration of which, in its multifarious forms, he devotes nearly 100 pages. When we reflect upon its importance, this is not too much space to allot to its discussion. Only lately has tuberculosis begun to attract surgeons, but already it has become of absorbing interest to them. Warren asserts that the surgeon has, in fact, more to do with the disease to-day than the physician, which is a surgical truism. He tells us that the inoculability of tuberculosis was first recognized by Laennec in 1826, who, himself, fell a victim to its surgical infection. Villemin, in 1865, first demonstrated experimentally the possibility of its transmission from man to animals, while Koch's discovery, in 1882, fairly revolutionized this great department of surgery. Warren's observations on the treatment of tuberculosis of bones and joints is the best surgical exposition of the subject we have seen, while his chapter on tuberculosis of the soft parts, in many respects, is unique. The chapter on aseptic and antiseptic surgery, which is placed at the end of the book, should be read by every physician as well as surgeon. It is a fitting anti-climax to the opening chapters on bacteriology. In an appendix Warren briefly considers several surgical topics of interest.

To appreciate this book it should be read, for then its pure English and delightful rhetoric will charm every lover of good medical literature, while it teems with sufficient originality, either of thought or practice, to become a necessity for every surgeon. It is handsomely printed and some of its illustrations, many of which are quite new, are especially fine.

HARE'S TEXT-BOOK OF PRACTICAL THERAPEUTICS. A Text-Book of Practical Therapeutics: with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special Chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (fifth) edition, thoroughly revised. In one octavo volume of 740 pages. Cloth, \$3.75; leather, \$4.75. Philadelphia: Lea Brothers & Co., Publishers, 1895.

Five editions in as many years constitute a remarkable record for any book and, furthermore, an evidence that medical teachers and practitioners appreciate a work closely adapted to their requirements. Professor Hare is well known as a progressive and able therapist and teacher, and his ability in both directions is attested in the highly original plan of this work, as well as in its execution. His purpose has clearly been to bring a knowledge of remedial agents into close relation with a knowledge of disease. The book essentially consists of two parts, the first being a treatise on therapeutics, both medicinal and non-medicinal; the second being a treatise on disease, its symptoms, varieties, treatment, etc. The two parts are brought into direct connection by means of reference, so that a knowledge of any subject treated is easily gained. Ease of reference is moreover provided for in the highest degree by the alphabetical arrangement of the book and by the two full indexes. Practitioners will find the Therapeutical Index, in which all the remedial measures are listed with brief annotations under the headings of the several diseases, most suggestive and serviceable. Like preceding issues the present edition has been revised to the latest date.

A PRACTICAL TREATISE ON MEDICAL DIAGNOSIS, for Students and Physicians. By JOHN H. MUSSER, M. D., Assistant Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia; President of the Pathological Society of Philadelphia, etc., etc. Octavo, 873 pages, 162 engravings and 2 colored plates. Cloth, \$5.00; Leather, \$6.00. Philadelphia: Lea Brothers & Co., 1894.

The subject of Diagnosis can be said to be scarcely second in importance to Treatment, since the successful management of a disease necessarily depends upon its prompt discrimination. This obvious fact is reflected in the increased attention now paid to Diagnosis in the college curricula. Modern instruments, new methods of thought and new collateral sciences, such as bacteriology, have placed the determination of disease upon a basis of scientific certainty, have secured for it an honored place among the medical sciences, and have created a rich and growing literature. Among the many works in the field, Musser's will take a foremost place. The author's rich experience, both as a physician and a teacher, has enabled him to select such knowledge as is essential to a thorough medical education and to subsequent successful practice, and to present it clearly and attractively. The work is richly illustrated and is assured of a most favorable reception, both as a text-book and as a work of reference.

TRANSACTIONS of the Medical Society of the State of New York for the year 1895.
Published by the Society.

This nicely bound volume, of 510 pages, contains many valuable and interesting papers. Dr. F. C. Curtis, 17 Washington Avenue, Albany, N. Y., is the efficient Secretary of this well organized Society,

Reprints.

Surgical Clinic held at St. Mary's Hospital, February 10th, 1895.
By H. O. Walker, M. D., Detroit, Mich.

The Management of Labor in Cases of Minor Pelvic Deformity. By Joseph Eve Allen, M. D., Augusta, Ga., President of the Augusta Academy of Medicine; Professor of Obstetrics in the Medical College of Georgia. Reprinted from The Atlanta Medical and Surgical Journal, September, 1895.

Strabismus as a Symptom, Its Causes and its Practical Management. Read before the Michigan State Medical Society, June 7, 1895. By Leartus Connor, M. D., Detroit, Mich. Reprinted from the Journal of the American Medical Association, June 29, 1895.

Literary Notes.

THE POPULAR SCIENCE MONTHLY FOR OCTOBER, 1895.—One is never disappointed in The Popular Science Monthly. It is one of the few popular magazines that never contain the twaddle of transient fads—that have never taken a step downward to cater to degenerate minds. In the October number Dr. Andrew D. White concludes his papers under the title From the Divine Oracles to the Higher Criticism with a statement of the latest views of scholars as to the way in which the Bible was made up. He points out also the chance for a new and better growth of Christianity. Herbert Spencer shows in his essay on the Man of Science and Philosopher how the professional class to which he himself belongs arose from the priesthood. An illustrated account of the mode of Trout Culture now in use is contributed by Fred Mather, who has had a quarter century's experience in this work. Prof. E. P. Evans writes on the Recent Recrudescence of Superstition shown in the assertions of German Catholic clergy as to miracles and witchcraft. There is an admirable estimate of Thomas Henry Huxley by Michael Foster, the distinguished professor of physiology at Cambridge. Garrett P. Serviss's series of surveys of the constellations is completed with one on Pisces, Aries, Taurus, and the Northern Stars, among which the Great and Little Bear are included. The Life of Water Plants is described by M. Busgen. Prof. James Sully devotes a chapter this month in his Studies of Childhood to Untruth and

Truth, showing that there is something less dreadful than original sin to account for "children's lies." M. Edouard Blanc describes falconry as practiced in central Asia under the title *Hunting with Birds of Prey*, with illustrations. Some considerations on War as a Factor in Civilization are presented by Charles Morric. Dr. David Hosack, the chief promoter of science in New York early in the present century, is the subject of the usual Sketch and Portrait. In the Editor's Table Balfour's Foundations of Belief, the How and the Why in scientific research, and the recent meeting of the American Association are discussed.

New York: D. Appleton & Company. Fifty cents a number, \$5 a year.

The October Atlantic Monthly is rich in good fiction. Mrs. Ward's powerful serial, *A Singular Life*, is concluded. There is a further installment of Gilbert Parker's *Seats of the Mighty*, which increases in interest with each succeeding issue. Further chapters of Charles Egbert Caddock's *Mystery of Witch-Face Mountain* also appear,

One of the most striking contributions is another Japanese study by Lafcadio Hearn, entitled *The Genius of Japanese Civilization*. The third of Mr. Peabody's papers, *An Architect's Vacation*, tells of *The Venetian Day*.

Among other features is a paper by Susan Coolidge, on *The Countess Potocka*, and an unusually readable paper of travel by Alvan F. Sanborn, entitled *The Wordsworth Country on Two Shillings a Day*.

Bradford Torrey's paper on *Lookout Mountain* is of peculiar interest in view of the memorable gathering there this summer.

The book reviews, which constitute so important a part of every issue of the Atlantic, treats of a group of six stories much read and discussed at present.

The poems of this issue are by John B. Tabb and Michael Field. The latter contributes *Second Thoughts*, which, with *Tiger-Lilies*, in the September issue, are the first poems of this popular English writer to be printed in an American publication. The usual departments complete the issue.

Houghton, Mifflin & Co., Boston.

The conclusion of Dr. Andrew D. White's paper, *From the Divine Oracles to the Higher Criticism*, in the October Popular Science Monthly, will contain the latest views of scholars as to the borrowed legends in the Bible and the process by which some books were compiled and recompiled, adorned with beautiful utterances, strengthened or weakened by the interpolated views of transcribers, and assigned to personages who could not possibly have written them. The chance for a new and better growth of Christianity is also pointed out.

LIPPINCOTT'S MAGAZINE FOR OCTOBER, 1895.—The complete novel in the October issue of Lippincott's, "My Strange Patient," contains some adventures that are by no means commonplace. The author, William T. Nichols, though hitherto little known, has a story to tell, and knows how to tell it in a way to catch the reader's in his first paragraph and holds it unfalteringly to the end,

The other tales of the number are "The Train for Tarrow's," by Virginia Woodward Cloud, and "Carroll's Cows," by E. L. C.

In an article at once crisp and solid, Fred. Perry Powers discusses "Ethics and Economics," and shows that the world's business must of necessity be conducted on business principles, and that considerations of philanthropy and sentiment, while of value in their proper place, are secondary, not primary. This paper is well fitted to prick some current popular delusions.

Theodore Stanton supplies some facts concerning "French Roads," showing the vast improvements made of late in the department of the Tarn. Marion Manville Pope writes of "The Highways of the World," and John Paul Bocock describes Van Gestel's explorations "Inside New Guinea."

Elizabeth S. Perkins tells the brief tale of "The King of Rome," otherwise the Duke of Reichstadt, Napoleon's son. The distance between expectation and fulfilment has seldom been greater than in the life of this unlucky princeling.

A question vital to housekeepers, that of "Domestic Service," is discussed by Mary C. Hungerford. Minnie J. Conrad points out "How They Differ"—*i. e.*, men and women.

The poetry of the number is by Edith M. Thomas, Martha T. Tyler, and Clinton Scollard.

The Open Court Publishing Co., of Chicago, will issue late in October one of the most important books on the theory of evolution which America, perhaps, has yet produced. Its author is Prof. E. D. Cope, of Philadelphia, who stands at the head of the Neo-Lamarckian school of America, and represents the opposite extreme to Weismannism in evolution. In this book, which is entitled *The Primary Factors of Organic Evolution*, Professor Cope will seek to show, principally by an examination of the paleontological records (in which he has done his main original work), and secondarily by a review of the general results of embryology, and comparative anatomy, what the *efficient causes* are that are concerned in the progressive development and perfection of the organic forms of the world. One of the most noteworthy features of the book will be Professor Cope's attempt to show that every variation of organic beings has been produced by a direct efficient cause and is not the result of chance—a consideration which both Darwin and Lamarck overlookad. Professor Cope also discusses the part which consciousness has played in the evolu-

tion of living forms. His book will be a storehouse of evolutionary facts and discussions, especially from the paleontological point of view, and undoubtedly the most complete handbook of the *purely mechanical* theory of evolution which exists. The original illustrations will be numerous and valuable. (Pages, *circa* 550. Price, \$2.00.)

The four weekly issues of Littell's Living Age for September are replete with the choicest gleanings of the British reviews and magazines. These issues contain twenty-seven complete papers, many of them of great value and intense present interest.

Among the more valuable essays and reviews may be particularly mentioned, "Norway and Sweden," which is really a "double star." The one by J. E. Sars, Professor of History in the University of Christiania, presents "The Case of Norwegian Liberalism; the second, by Carl Siewers, reveals "A King's Scheme of Scandinavian Unification." "The Problems of the Far East," the leading article in No. 2670, is an able review of recent works by such writers as Hon. Geo. P. Curzon, M. P., Henry Norman, Chester Holcombe and others, on the China and Japan question. Biography is represented by an exceedingly good article on "Huxley," by P. Chalmers Mitchell, and another on "Mrs. Gaskell," by Mat Hompes. "The Spectroscope in recent Chemistry" by R. A. Gregory, and "Stars and Molecules" by Rev. Edmund Ledger, will prove of great interest to the general as well as the scientific reader. "A Visit to Bonifacio" by J. N. Usher; "Antarctic Explorations;" "In the New Zealand Alps;" "Poetic Pride;" "Latter Day Pagans," and "The Heavy Burden of Empire" are the titles of other valuable papers. In fiction each number contains a complete story, and of poetry a full page.

Rudyard Kipling makes his last appearance as a teller of Jungle Stories in The Cosmopolitan for October. "Mowgli Leaves the Jungle Forever," and the curtain is drawn over one of the most charming conceits in literature. In the same number in which Mowgli makes his final adieux, appears for the first time before an American audience, the now-famed Richard Le Gallienne in a plea for religion under the title of "The Greatness of Man." A very important paper on "State Universities" is contributed to this number by Professor Ely. And among the storytellers are Hopkinson Smith and Boyesen. No more beautiful work has ever appeared in any magazine than the marvelous illustrations of Cabriety used as a frontispiece and accompanying the prose poem by Mrs. Cardozo. Drake—who is said to be Kipling's favorite artist for his Jungle Stories—Carter Beard, Osterlind, Denman, and Kemble, are among those who contribute a wealth of illustration to this number. The Cosmopolitan announces that it will begin the publication in January of The Agriculturist's Illustrated Magazine, to be fully the equal of The Cosmopolitan,

but containing from sixteen to twenty pages by the ablest agricultural writers of the world, upon subjects of importance to the agriculturist, horticulturist, and stock growing interests.

Hysteria and Heart Disease.

Girardeau (Lancet) discusses the occurrence of hysteria in patients suffering from cardiac disease, and illustrates this by two cases under his care. The first, a girl, aged 26, with mitral disease following rheumatism, was for several years subject to attacks of hysterical dyspnoea, fainting fits, and incomplete left hemi-anæsthesia. The second, a man, aged 40, suffering from aortic disease as a sequel to typhoid fever; there was general right hemiplegia with contractions brought on by walking and subsiding when the patient kept in bed. The right foot was held in the equinovarus position in walking. The thumb and index finger were not affected, and the patient could write and draw. There was complete right hemianæsthesia. The condition is more frequent in men than in women, and usually occurs in young subjects. Every form of hysterical manifestation may appear, but anæsthesia and other sensory troubles are common. There are often neuralgias fairly easy to diagnose. Precordial pain may present difficulties. When there is no pericarditis nor neighboring neuralgia, but when great pain and tenderness to touch over the region are complained of, hysteria may be diagnosed. Hysterical dyspnoea may follow a cardiac dyspnoea. The state of the heart and pulse, absence of cyanosis or expectoration must be observed, also the absence of pulmonary congestion. Frequently there are fits or sensations of constriction about the throat, cries or other symptoms not met with in mitral disease. In aortic disease, however, the pain may be true angina. Two cases of this nature were accompanied by anæsthesia; one patient died of an acute attack of angina. Hysterical apoplexy may in cardiac cases be mistaken for coma brought about by cerebral embolus. The attacks are repeated, the hemiplegia becoming more complete after the second or third attack, or appearing several days after the first attack. There are usually accessory symptoms which materially aid in the diagnosis.

The following letter explains itself:

ATLANTA, GA., Sept. 23d, 1895.

Dear Doctor:

Will you mention in your next issue that there will be a meeting of the Alumni Association of the Southern Medical College, at the College Hall, Atlanta, on October 18th. Many of the graduates are, no doubt, subscribers of your Journal, and would appreciate this information.

Very truly,

GEORGE BROWN, President
Alumni Association, S. M. C.

Protection of the Inmates of Hospitals against Fire.

At the last session of the Legislature of the State of New York a law was passed which provides that all hospital buildings used for general purposes, or asylums or hospitals for the insane, or any hospital buildings that are more than two stories high shall have properly constructed iron stairways on the outside thereof, with suitable doorways leading thereto from each story above the first for use in case of fire. It shall be the duty of the trustees, managers, owners, or proprietors of such hospitals or asylums to cause such stairways to be constructed and maintained. If the trustees or owners of any hospitals, except those owned and maintained by a city, a county, or the State, shall fail to provide such stairways before October 1st, 1896, then the local authorities shall proceed to erect such stairways, and the cost thereof may be recovered by an action at law from the property of the said hospital. The district attorney of each county is charged with the execution of this statute, except in the case of hospitals erected by the State, city, or by a county. This law is to take effect on October 1st, 1895.

Subordinate Uses of Sulfonal.

Aside from its well established position as a hypnotic par excellence Sulfanal has other claims to recognition in the treatment of various diseases. A review of the literature shows that it also possesses antispasmodic analgesic anti-neurotic, diaphoretic and anti-diabetic properties. In an article in the "Times and Register" Dr. E. W. Bing gives the following excellent summary of these different actions:

1. As an antispasmodic it is useful in all forms of pain due to muscular contraction, as in colic, cramp of muscles, hiccough, asthma, tetanus, etc.

2. As an analgesic it has proved valuable in neuralgias, colic from gall stones, pain following fractures or produced by nerve pressure in any locality either from inflammatory exudation or from transient causes, as cramp of thigh muscles in labor or in choleraic conditions, or those painful cramps in the calves of the legs seen in chronic alcoholism.

3. Its anti-neurotic action is well illustrated by its beneficial effects in epilepsy, hysteria, etc., in which it not only controls the attacks but at the same time lessens the liability to them. The irregular and involuntary movements of chorea are likewise controlled.

4. Its anti diaphoretic action has been illustrated in the prevention of the night sweats of phthisis, where a dose of a few grains will generally give a comfortable night without the discomfort produced by the sweat. It has been reported as beneficial in diabetes, diminishing the sugar and the excessive quantity of urine.

The author further cites cases from his own practice in which these

various properties of Sulfonal are clearly illustrated. Among these one case is especially deserving of notice, since it demonstrates the value of this hypnotic in advanced cardiac disease. The patient who suffered from aortic regurgitation with loss of compensatory hypertrophy and from chronic bronchitis was much troubled with insomnia and a constant pain in the right side. Bromides and morphia were given to induce sleep, but both failed in their action, or did not agree with the patient, while Sulfonal in small doses gave a good nights rest and some relief to the pain.

Argenin in Gonorrhœa.

Jadassohn has used argenin in the treatment of gonorrhœa in 360 cases, 72 of which were in men and 188 in women; these embraced all stages of the disease. He considers that, although the gonococcus can in certain instances penetrate into the connective tissue, the disease is in general a superficial one, and lays down two postulates for the treatment of acute gonorrhœa:

1. To kill the gonococci as quickly and completely as possible in every spot where they can be reached.
2. To spare the mucus membrane as much as possible and to avoid increased inflammation, destruction of tissue, and unnecessary pain.

His experience convinces him that argenin will not displace the other antigonorrhœal injections in every case; the indications for the use of silver nitrate, argentamin, and argenin respectively have yet to be formulated. His conclusions as to the last named are these: (1) 1.5 to 2 per cent. solutions exert a rapidly destructive action upon gonococci; (2) strong solutions are devoid of inflammatory or corrosive action, and are hence adapted to the treatment of acute gonorrhœa of the anterior and posterior urethra in men and of the urethra and uterus in women; (3) it appears to lack astringent properties, so that purely anticatarrhal treatment will indicate the assistance of other remedies.

Atrophy of Testis and Prostate after Section of Vas Deferens.

Isnardi (Clinical Journal) showed before the Accademia of Medicina of Turin an old man of 72, whose vas deferens he had divided six weeks before for enlarged prostate. For the last year the man had suffered from advanced symptoms of enlarged prostate rebellious to every treatment. The prostate was much enlarged, and the patient had to put himself into odd positions before he could micturate. Twelve days after operation the symptoms began to diminish, and disappeared in a month. He can now hold his water for seven hours during the night, and pass it voluntarily and without pain. The urine, which was before purulent and blood-stained, is now clear and normal. There is induration over the incision extending down to the epididymis, the testis is diminished, and the prostate impalpable.

Aseptic and Antiseptic Precautions in Private Midwifery Practice.

Prof. Herman (Transactions British Medical Association) introduced a discussion of this subject. He submitted three questions for consideration :

1. What is puerperal fever? In his opinion it is a fever caused by the inoculation of septic organisms, which are not the same as saprophytes, but are descended from those usually associated with putrefactive changes. Those micro-organisms require a special soil for their development, and the generative passages during and subsequent to delivery offer a suitable field for their growth. Complete sterilization, or the destruction of all micro-organisms, is what should be aimed at, but it is not practicable in midwifery practice.

3. How can puerperal fever be prevented? An effort must be made to keep septic germs from the patient. This is to be achieved by asepsis, or perfect cleanliness, and by antiseptics, or the employment of germicides, and the one considered most efficient by Dr. Herman is corrosive sublimate, it being the most portable and, upon the whole, the most trustworthy. The external antiseptic precautions consist of the purification of the attendants' hands by washing with soap and water, the use of the nail brush, and soaking in an antiseptic solution; the boiling of all instruments used; scrupulous cleanliness in the dress of nurse and medical attendant; and the use of clean absorbent material, such as antiseptic cotton-wool, instead of napkins and sponges. The internal precautions are the restriction of vaginal examinations to the fewest possible, the washing of the genitals, the use of an antiseptic lubricant, and vaginal antiseptic douches during and after delivery and throughout the puerperium. The use of the vaginal douche may do harm, and experience has shown that women whose labors are normal do as well without vaginal douches as with them; but in abnormal cases, as in lacerations or in cases in which intra-uterine investigation is required, not only vaginal but intra-uterine douches are necessary.

3. What are the differences regarding the prevention of puerperal fever between hospital and private practice? In answering this Dr. Herman said that in private practice there is less danger, and that antiseptic vaginal douches before delivery and during the puerperium may be dispensed with except in cases in which the discharges are unhealthy or in which extensive lacerations exist. As a general rule the antiseptic douche immediately after labor was advocated and should be given by the medical attendant. In private the nurse, it was averred, received less guidance, for the rules of a hospital are not always before her. To make up for this some obstetric physicians give their nurses a printed paper of directions to be followed during attendance on a given case, and this practice Dr. Herman recommended for general adoption. It was also stated that in private cases the nurse is under less discipline, but in all cases the

medical attendant ought to insist on the complete obedience of the nurse to his directions.

Germicidal Action of Argonin.

Rudolf Meyer has investigated the bactericidal action of argonin, and compared it with that of silver nitrate, and also of Schaffer's new disinfectant argentamin (ethylenediamin-silver phosphate). Argonin (first prepared by Rohmann and Liebreich) is a soluble compound of silver and casein. The solution in water is opalescent when dilute, opaque when concentrated; it is immediately cleared by the addition of ammonia or carbonate of soda. Argonin gives no precipitate with sodium chloride or ammonium sulphide unless the silver is set free from it by previous addition of an acid. Meyer finds that a solution of argonin 1 in 759, has the same bactericidal action on micro organisms suspended in water as argentamin, 1 in 4,000, or silver nitrate 1 in 3,000; on micro-organisms in albuminous fluids its action is equal to that of argentamin, 1 in 4,000, or silver nitrate 1 in 1,000. The addition of a little ammonia to the argonin solution vastly increases its bactericidal power; exposure of gonococci to a 1 in 30,000 solution of ammonical argonin for five minutes completely stopped all growth. Meyer concludes that from the experimental side it must be admitted that this new silver preparation has a strong disinfecting power against certain bacteria, particularly the gonococcus. It does not penetrate very deeply into the tissues; it gives no precipitate with either albumin or chlorides, and concentrated solutions are neither corrosive nor irritant. The addition of a small amount of ammonia increases the bactericidal power enormously, and causes considerable penetration, but deprives the drug of its bland and non-irritating character.

Acute Cystitis—Resulting from gonorrhoea and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing.

Chronic Cystitis—Resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or muco-pus rendering the urine more or less cloudy or opaque.

Treatment—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says:—"I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

The Gonococcus in Gonorrhœa, Purulent Ophthalmia. and Pyosalpinx.

J. H. Wright (Medical Times) succeeded in cultivating a diplococcus which was, with little doubt, the gonococcus, from seven cases of acute gonorrhœal urethritis, from eight cases of purulent ophthalmia (of whom four were infants), and from four out of twenty cases of pyosalpinx. It was also found in a case of vaginitis in a child aged nine years. The only uncertainty about the identification of the diplococcus was that inoculations were not made into the human urethra. Other bacteria developed in the cultures from the cases of acute urethritis, but their colonies were usually few in number, and developed more slowly than the gonococci. The cultures from the case of vaginitis were almost pure, but contained a few bacteria like pneumococci. In the cases of ophthalmia, it would appear that the cultures were pure in all but two cases. In the cultures from the cases of pyosalpinx no other bacteria appear to have grown. The culture material used was a solid urine-serum-agar. Contrary to the experience of other experimenters, it was found that ox serum would serve as well as human. A litre of nutrient agar (beef infusion) prepared in the usual way was evaporated to 600 c.c., run into test tubes and sterilized by steam three times. Blood serum, which it was not necessary to have free from corpuscles, was first run through white sand to remove coarse particles, and mixed with half its volume of fresh urine. The mixture of serum and urine was filtered through a porcelain filter by exhaustion. The filtered mixture was then added to the agar (at 40° C.) in the proportion of two or three parts to six parts of agar. The tubes are then cooled on the slant. In a footnote Wright states that W. R. Stokes has succeeded in cultivating the coccus from gonorrhœal urethritis on Loeffler's coagulated blood-serum mixture rendered slightly acid. The medium was coagulated in the tubes by dry heat, and sterilized by steam. This method was tried in consequence of the publication by Turro of the statement that he had succeeded in cultivating the gonococcus on acid gelatine, a statement which Wright, however, is unable to confirm.

Temperance vs. Crime.

In the annual report of the State Board of Pardons of Ohio attention is called to the fact that the board has in most cases deemed it prudent to include in the recommendation for pardon a condition requiring abstinence from the use of intoxicating liquor. This is done in the belief that it will lessen the liability of the pardoned prisoner to again commit the crime. "It is a conspicuous fact," says the report, "that in nearly every case of crime against the person the offender was either under the influence of liquor or became involved in an affair by reason of being in a place where intoxicating liquor was sold."

Tapping the Spinal Canal.

This method was first recommended by Quinke in 1891 as a means of distinguishing between serous, purulent, and tubercular meningitis. The operation is done with the understanding that there is an open communication between the subarachnoid space surrounding the spinal cord and the ventricles of the brain. The terminal cone of the cord is situated at the level of the first lumbar vertebra, and if a puncture is made below this point it is not likely that any of the divergent strands of the cauda equina will be injured. The patient's body should be bent forward while the puncture is being made. In semiconatose children and in adults narcosis is not required, and aspiration is also unnecessary, as the cerebro-spinal fluid will ooze out drop by drop or spurt out if it is under much pressure.

Augustus Caille, of New York, has had a personal experience with tapping the spinal canal in four cases, and gives the following description of his method of procedure:

"After locating the third and fourth lumbar vertebrae I place the middle finger of my left hand upon the spinous process of the third and the index finger on the spinous process of the fourth lumbar vertebra, pressing firmly upon the bone. I now mark with the nail of my right index finger the interspace between the two fixed points and puncture precisely in the median line with a large-sized hypodermatic needle attached to its syringe, which is entirely used as a handle and not for the purpose of aspirating. No undue force should be used in propelling the needle forward; it readily enters the spinal canal and can be moved about freely if it is in the right place. The syringe may now be unscrewed from the needle, which remains *in situ* and permits the fluid to escape into a sterilized bottle for subsequent examination." He expresses the opinion that tapping of the spine may be safely employed to relieve pressure symptoms in various forms of disease. In chronic hydrocephalus it is a safer procedure than tapping the cranium. For diagnostic purposes its value is firmly established.

Intra-Cranial Operations on the Fifth Nerve.

Prof. Krause in his report of eight cases operated upon by him only one died, a man aged seventy-two, whose death occurred, six days after the operation, from heart failure due to atheroma of the coronary arteries. The others all did well, and in no case in which there was a total removal of the ganglion has any recurrence of pain as yet taken place. In the only case in which Krause restricted himself to an operation on the second division of the nerve there was recurrence of pain, and then the ganglion was removed and the pain disappeared and remained absent. A comparison of the cases operated on by Rose's method and

those operated on by the method of Krause and Frank Nartley show a mortality of 18 per cent. in the former and 9.8 in the latter. Curious functional disturbances are described as following the operation. Sometimes there is difficulty in opening the mouth, apparently determined by contraction taking place in the muscles of mastication. In spite of the complete anæsthesia of the cornea and conjunctiva, only in one case was there observed by Krause a slight corneal ulcer, which quickly healed. The masseter, temporal, and pterygoid muscles were weakened on the affected side, but little inconvenience resulted. The peculiar and varying sensory impairment in the different regions is also described, and finally the indications for this very radical operation are clearly set out.

Atrophy of the Stomach Mucous Membrane.

Schmidt (Clinical Journal) observes that gastric atrophy may be secondary to carcinoma of the stomach, etc., or it may be primary. Such primary atrophy shows that the suppression of gastric digestion is not of such little moment as has been thought. It is the terminal stage of acute or more especially chronic gastritis. The symptoms are general anæmia simulating pernicious anæmia, failure of the secretory and sometimes of the motor functions of the stomach, and attacks of severe pain with vomiting. The author then records the following case: A man, aged 49, had an attack of acute gastritis five years previously. This improved in five weeks, but later there were severe attacks of pain. No free hydrochloric acid or pepsin was found in the gastric contents. Lactic acid was present. Death was due to pulmonary and intestinal tuberculosis. The stomach was very small, the mucous membrane being atrophied and without rugæ. The mucous membrane consisted almost entirely of connective tissue infiltrated with cells. There were also present spaces containing the remains of glands. The muscular coat was unaffected. The intestinal mucous membrane showed atrophy in places. The diagnosis was easy in this case, owing to the patient being long under observation. The phthisis came on after the gastric disease. Apparently here the acute gastritis terminated in atrophy without any chronic stage. Only the mucous membrane was affected, the muscular coat being intact; hence the long duration of the case. Two kinds of atrophy of the mucous membrane have been described, the parenchymatous and interstitial. Mostly these processes go hand in hand. Primary atrophy of the gland cells is easily understood when the injuries to which they are exposed is taken into account. The author has examined the gastric mucous membrane in many cases after special precautions have been taken to preserve it intact. He finds the surface epithelium the most resistant element in the gastric parenchyma. He gives reasons for believing that mucoid degeneration of the gland cells is not the precursor of the atrophic changes as held by some authorities.

Castration for Prostatic Enlargement.

Prof. Levings, of Philadelphia, has published (*Medical News*) the report of two cases of bilateral castration for enlargement of the prostate. (1) A man, aged 77, had had recourse to the catheter eighteen years before; and had had thirteen years of complete catheter life. During the last year of catheter life, it became impossible to pass any instrument into the bladder. Suprapubic cystotomy was then performed, and an artificial urethra established. For three or four years after this condition was fairly satisfactory; then he began to suffer great pain, the cystitis became worse and the prostate was found to be constantly increasing in size. Castration was performed on May 14th, 1895, at which time the prostate was as large as a cocoanut. Thirty-six days afterwards the patient passed a small stream of urine by the urethra, the first time for eighteen years. He had continued to do so, with increasing size of stream, up to the date of report, and so far as could be determined by rectal examination the prostate had diminished by about one-half, while the cystitis was much improved, and the severe pain had practically ceased; (2) A man, aged 51, had had seven months of catheter life, and was also the subject of tuberculosis of both testicles. Castration was performed on June 23d, 1895, and in two weeks the man was walking about the hospital, almost wholly free from pain; the urine had become acid and almost clear; the catheter was no longer necessary, and the residual urine had entirely disappeared. On July 18th, by rectal examination, the left prostatic lobe was scarcely to be felt, while the right was much reduced in size. The patient was discharged in excellent condition. Levings concludes as follows:

"It would seem that after castrating thousands upon thousands of women in the prime of life, often, I fear, upon the slightest pretext, it is hardly consistent to hold up our hands in horror at the idea of castrating some men at an advanced age for the relief of an otherwise incurable and most distressing condition, if the operation should offer a reasonable hope for a permanent cure."

At the meeting of the American Association of Genito-urinary Surgeons J. C. Bryson reported the following case: A man, aged 74, first showed evidence of beginning prostatism at the age of 56. When he came under observation there were 6 ounces of residual urine and marked diurnal and nocturnal frequency. Cystitis and pyelonephritis developed. Two separate attempts to enter upon catheter life failed on account of the great difficulty of entering the bladder and the recurrence of cystitis. Dilatation of the heart and pulmonary emphysema supervened. Complete castration was performed four months ago. This was followed by a marked and satisfactory diminution of the enlarged prostate, without change in the frequency of urination, day or night, and with but a slight decrease in the amount of residual urine. The pyuria and pyelonephritis

remained practically the same as before the operation. Hayden also reported a case of double castration for prostatic hypertrophy in which there was marked relief of all the symptoms and the general condition was greatly improved. A. T. Cabot said he was inclined to believe that the early good effects which followed the operation were largely or partly due to the diminution of the blood supply to the prostate. He reported a case in which he had performed double castration and litholapaxy at one sitting. The patient, aged 75, was in a rather shaky mental condition. After the operation he became maniacal. Great improvement followed the injection of testiculin. E. Martin had seen a number of J. W. White's cases, and could confirm his statements as to the good effects of castration. He reported a case of his own in which the operation had given a very satisfactory result. Belfield pointed out that it evidently failed in many instances, and he would be unwilling to perform it until he had had his finger in the prostatic urethra. He had seen three cases in which the operation was urged, and in which stone was found in the bladder. E. E. King, of Toronto, said that in the two cases of double castration reported by him, and included in White's statistics, death could not be attributed to the operation itself. The first patient died of pneumonia on the fifth day. At the necropsy the prostate was found to be reduced in size about one-half, and its glandular and stromal elements showed evidences of shrinking. The second patient died on the thirteenth day, and the necropsy revealed a pyelonephrosis. In both cases there was a marked improvement in the urinary symptoms. Glenn expressed the opinion that prostatic hypertrophy was largely the result of early gonorrhœal infection. In the one case of double castration—included in White's list—in which he was the operator death could not be attributed to the operation.

The Treatment of Diphtheria.

In the treatment of this disease Bennie speaks highly of the treatment by mercurial salts. After referring to published cases, he describes his own results. During the last four years he has thus treated 38 cases, with a mortality of only 8 per cent. Eight of these cases had severe laryngeal symptoms, and in 3 cases diphtheritic palsy supervened. No bacteriological examination was made. The author used mercuric perchloride in the same doses as Jacobi, only more largely diluted. The daily amount given by Jacobi was $\frac{1}{4}$ gr. to a baby of 4 months, and $\frac{1}{2}$ a gr. to a child from 3 to 5 years, always largely diluted. His single dose varied from $\frac{1}{60}$ to $\frac{1}{30}$ gr. In a few days the dose was diminished. Locally Bennie uses pot. permanganate (1 in 1,000). He thinks that possibly the mercurial salts may combine with the toxins, and he is not at all inclined at present to change over to the serum treatment.

Bacteriology of Gastric Fermentations.

Kaufmann (Baitish Medical Journal) says that different micro-organisms behave differently in the presence of free hydrochloric acid. The cholera bacillus is very susceptible, the typhoid bacillus less so, and the tubercle bacillus and anthral much less so. Generally speaking, the micro-organisms which split up carbo-hy drates are less susceptible than those which split up nitrogenous material, whereas those that cause lactic acid fermentation are the most resistant. The important part played by micro-organisms in the alimentary canal is not doubted, but it is also very desirable to know what micro-organisms normally inhabit the stomach. Hydrochloric acid combined with albuminous bodies has its antiseptic as well as its digestive powers diminished. When free hydrochloric acid only appears, as in nitrogenous feeding, four hours after digestion it can offer little hindrance to the growth of pathogenic and non-pathogenic micro-organisms. At present it is unexplained whether fermentation occurs at the height of normal digestion. The absence of fermentation, then, might be ascribed to the presence of the free acid. But fermentations are often absent when free hydrochloric acid is wanting, and are present when it exists in large quantities. In stagnation free hydrochloric acid cannot prevent fermentation. In all cases of disordered fermentation in the stomach containing much hydrochloric acid there has always been gastric dilatation. In one case fully investigated by the author, a neurasthenic patient suffered from atony of the stomach, and a considerable increase in bacteria in the living state was observed in spite of an excess of free hydrochloric acid. Among other micro-organisms frequently found, the bacillus subtilis is often present, but whether it acts as a fermentative agent cannot be stated at present. The author found in this and in another case a micro-organism very like the *B. coli communis*. This is curious, as this micro-organism cannot exist in gastric juice containing free hydrochloric acid. Perhaps it has some relation to fermentation. The chief interest of this case was the occurrence of fermentation at the height of digestion, in spite of free hydrochloric acid.

Cholera in China and Japan.

China and Japan are suffering severely from cholera. The fatality is unusually great. It is stated that in Peking the enormous number of 1,500 deaths occur daily. People drop dead in the streets and the air is filled with the sound of gongs beaten to frighten off the cholera microbe.

The sanitary regulations of this country are so perfect that there is but slight chance of the scourge finding an entrance into this country.

In Norway and Sweden no couple can be married without producing certificate of satisfactory vaccination in both.

ATLANTA EXPOSITION.

The "Chicago of the South."

The Great Show Opened September 18--The Government Exhibit to Excel That at Chicago--Building and Exhibit of the Southern Railway.

The most important event of the current year to this country, and especially to the city of Atlanta and the State of Georgia, is the Cotton States and International Exposition which was formally opened at Atlanta, Ga., on the 18th day of September, and which will close on the 31st day of December.

That a Southern city of about 110,000 population should have the enterprise and public spirit, not to say the temerity, to undertake, almost single handed, an enterprise so wide in its scope, so mammoth in its proportions and requiring such a vast outlay of money as to richly entitle it to the designation of "International," in the face of a universal commercial depression and financial panic, and that Atlanta, Ga., which was left but little more than a heap of ashes and smouldering ruins, with its population of 10,000 scattered and homeless by Sherman's army, when it took up its famous "March to the Sea," should be that city, it is not surprising that the first suggestions of such an enterprise were received with general misgiving and that even the Southern States and cities counselled against it, and were slow to come to the assistance of a sister city in an undertaking which at such a time was regarded as hazardous in the extreme and too mammoth to promise even a measurable degree of accomplishment.

A visit to Piedmont Park, however, about two miles north of the center of Atlanta, will dispel every doubt of the realization of a degree of success surpassing the most sanguine expectations of the projectors of the Cotton States and International Exposition.

From the roof garden of the new and modern "Aragon Hotel," which occupies the highest hill in this hill city, a magnificent panoramic view of the city and its surroundings is afforded. All around you, spread over hills and valleys, just sufficiently pronounced to afford pleasing variety to the topography, is the compact, well built, hustling Chicago of the South, Gate City of the South, Atlanta, with its wealth of well-paved streets and avenues, laid out apparently regardless of rule or plan, which join the macadamized roads that lead through the picturesque suburbs to the rich farming lands beyond.

There is an appearance of solidity, grandeur and beauty in her public buildings, her hundred churches, her seminaries, colleges, numerous public school houses, her Henry Grady Hospital, her stores and private houses, suggestive of abundant building material near by, and looking away to the east, fourteen miles across the foothills, the famous Stone Mountain

looms up, a solid mountain of granite, where immense quarries are operated now, but where, thirty one years ago, grim-visaged war held sway and thousands were slain, and their blood trickled over the rugged, granite sides of Stone Mountain.

In looking over these lovely hills and valleys, clad in the glaucous Southern verdure and yielding abundantly to the hand of the happy husbandman, it is difficult to realize that it was ever the theater of war, and that the soil was literally soaked with fraternal blood.

In such an undertaking the question of transportation is one of natural prominence, and every person in anywise interested in this exposition, every person proposing to become an exhibitor or a visitor has doubtless propounded the inquiry, whether the Southern railroads are equal to the emergency of handling the enormous travel and traffic to and from Atlanta during the period of the exposition. This question of course has long since been answered to their satisfaction by the Committee on Transportation of the Atlanta Fair; but for the benefit of many who acquired their knowledge of the railroads of the South during a period of ten or fifteen years succeeding the close of the war, perhaps it will be well to say that no comparison can be well drawn between the miserable apologies for railroads in the South during that period, with the really splendid roadbeds and equipment and service of the present.

Atlanta is essentially a railroad city and a great railroad center, having roads, and good ones, radiating to every section of the country. But without considering any of the others, there is one system fully capable of handling expeditiously, comfortably and satisfactorily, all the travel and traffic to and from the exposition from any and every direction, and that is the great combination operated by a single management, with headquarters at Washington, D. C., under the name of the Southern Railway.

One of its lines has its northern terminus at Washington, and over it is operated a fast through service in connection with the Pennsylvania Railroad from New York, through Philadelphia, Baltimore, Washington and Atlanta to all parts of the South and Southwest, including New Orleans and points in Florida, and which makes the run from New York to Atlanta in 24 hours. Not only so, but its connections in other directions enable it to give the same first-class service to passengers from the West and Northwest.

So important is this great railroad system to the success of the exposition and so hearty has been its interest in the undertaking and its co-operation with the managers of the exposition, that it has been accorded exceptional privileges and will be the only road having tracks in Piedmont Park, which will enable it to land passengers from any direction, without change of cars, either in the Park or in the Union depot in Atlanta, as they may prefer.

The Southern Railway has always manifested the most generous interest in every enterprise or effort to promote the welfare of the South and will make a most interesting exhibit in a handsome building which it has erected in the fair grounds, consisting of specimens of the mineral and other products of the South and illustrative of the marvelous improvement in railroad construction, operation and architecture in this country.,

T. E. C.

A State Board of Health Commended by the Legislature.

The State Board of Michigan, one of the oldest and most useful health organizations of this country, has recently been investigated with gratifying results. The committee concludes as follows: "Your committee find that the Michigan State Board of Health, as at present organized, is one of the most useful and worthy of the departments of our State government. Through it the people have received the unrequited and the unselfish labours of distinguished citizens of our State who stand pre-eminent among the sanitarians of the country. The board has attained a renown second to none among all similar organizations in the world. It has organized and developed a public health service in this State second to none in efficiency, and which has added to the health, life, happiness, and prosperity of our people. It has materially reduced sickness and deaths from several preventable causes, and it is a demonstrable fact that these labours have resulted in an actual money saving to the people of this State many fold more than their cost."

Turpentine in Hemorrhage.

Sasse states that though some authors have used oil of turpentine successfully in hæmaturia and cases of hæmoptysis, its valuable properties in this respect are not sufficiently known. He first used it with considerable success after extraction of teeth, a severe instance of hæmorrhage yielding to no other remedy. Thus emboldened, he applied it to the gums and used it as a mouth wash in an obstinate case of scurvy, complicated by hæmaturia. The oil was used undiluted, and also administered internally in small doses. He was equally successful in curing a patient suffering from hæmorrhage, the bleeding being from the bladder. An emulsion of the oil was given hourly. The patient's general health does not appear to be influenced by the drug. Finally, Sasse mentions the success obtained by a colleague, who at his instigation also employed turpentine as a hæmostatic after extractions.

Harvard Medical School had 454 students last year. It has also nearly 100 teachers.

Contagion of Pneumonia.

Dr. Talamon says that the contagion of pneumonia can no longer be doubted. He gives the following cases to illustrate this point: First observation was in a family composed of father, mother, and a son aged 16, the mother first died on the ninth day of a pneumonia. Father and son, exhausted by watching and scanty meals, went out in bitier weather to register the death. On returning, both were seized with rigor, and compelled to take to bed. The father (nursed at home) died some days after. The son (taken elsewhere) had double pneumonia of the gravest type; extreme typhoid prostration, delirium, abundant albuminuria. Recovery, however, ensued on the thirteenth day, but the pneumonia took more than a month to be reabsorbed, and on being discharged after six weeks much albumen remained in the urine. Observation II: An old man, hemiplegic and aphasic, but otherwise in good health, occupied for some months a ward in which were two beds. One day a patient with pneumonia (who recovered) was placed in the other bed. Three days after the hemiplegic was seized with rigor and right pneumonia, from which he died on the fourteenth day. At the necropsy grey hepatisation of the right upper lobe was seen. Observation III: Female, 43, admitted on second day with left basal pneumonia. She had nursed, day and night, a pneumonic patient, who died on the night of February 23d-24th. At 4 p. m. next day she experienced pain at the base of the left chest, with severe rigor and general *malaise*. The ensuing pneumonia for a time ran a benign course. Herpetic vesicles broke out on the 27th, at right angle of the mouth. On March 1st temperature fell to 38°, but on the 3d it rose to 40°, and right base was implicated. She died on March 5th. The points noted are (1) the gravity of the prognosis in cases communicated by contagion. All the above cases ended in death but one, and that patient passed through a pneumonia of the severest type, with albuminuria remaining after six weeks, an exception to the general mildness of pneumonic nephritis. This points to an exhalation of the virulence of the microbe during its sojourn in the lungs of the contagion-giving patient. (2) The significance of herpetic eruptions. These Talamon regards as due to individual peculiarity, not to the disease. Many persons present the outbreaks at other times, and hence are liable to them during a pneumonic attack. They are not to be regarded as critical, appearing indifferently either early or late in the disease. Moreover, they are not coincident with the fall of temperature or any modification of the general or local state. Where present the prognosis is not always good, though this holds as a rule. G. See noted a mortality of 9 per 100 in pneumonia with herpes, as compared with 25-30 per 100 in pneumonias taken *en bloc*. (3) The question of critical collapse. Talamon has often seen a rapid fall of temperature in a few hours from 40° C. and above to 36°, accompanied with coldness and

cyanosis of the extremities, feeble pulse, and weakening of the heart sounds, but these patients, as a rule, rapidly recovered. A case of a different nature, in which death ensued on the sixteenth day, is related. Here, three days after deservescence, the temperature began to fall by successive daily stages, reaching 34° some hours before death. At the necropsy nothing was found to account for the lowering of temperature, the pneumonia of the left base being well on the road to recovery. Since the patient before his attack had suffered much privation, Talamon compares the case to the "starvation" pneumonias of English authors.

Internal Localisation of the Gonococcus.

Bordoni-Uffreduzzi. The observations and experiments of these gentlemen appear to furnish conclusive evidence that the gonococcus is able to diffuse itself in the internal parts of the organism, and to give rise to inflammatory conditions. A case observed by Mazza, in which bilateral pleurisy and polyarthritia developed during an attack of gonorrhœa. The pleuritic effusion contained micrococci, which presented, microscopically and on cultivation, the characters of Neisser's gonococci. The author relates a case of gonorrhœa in which multiple arthritis developed. A quantity of fluid was taken from a joint with bacteriological precautions. In the pus cells of this fluid the author discovered micro-organisms having the characters of the gonococcus as regards microscopical appearance and peculiarities of staining. After cultivation on a mixture of agar-agar and human blood serum micro organisms were obtained which had the same characters as those in the pus cells. In order to furnish more conclusive evidence, the urethra of a healthy young man who had never suffered from gonorrhœa, and who had not had sexual connection for four months, was inoculated with a small quantity of material taken from the second generation of a cultivation of the micro-organism. (The inoculation was performed with the man's consent.) The parts were examined for the gonococcus before the inoculation, but only the ordinary bacilli of the smegma were found. The glans penis, and meatus were then washed in sterilized water, and the micro-organisms deposited in the urethra a little beyond the meatus. A typical attack of gonorrhœa was the result, and gonococci were found in the discharge.

Lactation and Syphilis.

Havas has published in a Hungarian medical journal an important communication on the moral and medical aspect of this question. He concludes that a syphilitic infant should be suckled by its mother, or, if she cannot secrete milk, by a syphilitic nurse, or, if there be no such wet nurse available, by artificial feeding. It is wrong and dangerous for a healthy nurse to suckle a child whose parents are syphilitic.

Dangers of Alcohol.

Many men in active life, are profoundly conscious of the danger of a single glass of spirits. They recognize the degenerative predisposition that is present urging them to take spirits, but overcome this tendency. Suicide is the frequent ending of such cases; finding this craze for relief increasing and being overcome by it, give way to melancholy. This predisposition and central nerve degeneration not unfrequently dies out in middle or later life. Some unknown physiologic change takes place in the nerve centers and all desire or taste for spirits disappears. Conditions of ill health, surroundings and other causes are inoperative. He never drinks again. The taste of spirits is repelling and seem to have no effect. Such men often explain this as a mere effort of the will, or the power of some supernatural force, or the effect of some drug, or remedial appliance.

This predisposition in other cases never dies out, but always remains slumbering and ready to be fanned into a mild flame at any moment. In certain states of living and surroundings it never appears; in others, it is dominant beyond the power of control. Mental contagion, strain, irregularity of life and living, bring it into prominence. Again this degeneration breaks out at distinct periods of life then dies out, only to appear in some other form. The period of adolescence is often marked by alcoholic excess, which subsides in manhood, or appears in the senile stage again.

There are undoubtedly certain periods of life which are favorable for the development of these predispositions to seek relief from spirits or drugs. One of these periods is the menopause in women, and the senile stage in man. A vast region of unexplored facts stretch out in all directions from this point. Alcoholic intolerance and alcoholic predispositions are physiologic and psychologic facts within the observation of any one. They are also unknown pathologic conditions, of both defective growth, and exhaustion and poisoning. The normal or approximately healthy man is not predisposed to use alcohol or narcotic drugs. While alcohol is not pleasing alone, when mixed in water and flavoring substances it may be tolerated, but when its effects are realized a natural intolerance begins. Unlike any other drug it conceals the conditions which it provokes, until such a time when they become fixed, then repugnance begins. This persistent concealment breaks out in the next generation as a physiologic bias and tendency to use the same drugs, to conceal the degeneration produced by the same causes. This persistent poisoning incapacitates and limits the vigor of the next life, giving it certain impulses to exhaustion; and breaking up its power of adaptability, causes pain and suffering which seeks relief in the same way. These subtle forces of heredity and morbid impulses, whose causes are only faintly comprehended, are expressed in these terms, intolerance and predisposition. Along this line we need new studies.

Syphilitic Meningo-Myelitis.

Lamy (British Medical Journal) deals with the clinical aspect of this subject under the following heads: (1) Syphilitic spinal meningitis; (2) meningo-myelitis; (3) myelitis. The first form rarely occurs alone. In the two cases that he has reported elsewhere, basal cerebral meningitis and radicular neuritis, at the level of the cervical enlargement, existed as complications. Nocturnal rachialgia in this form has the same diagnostic significance as the nocturnal headache of syphilitics. Prognosis is more favourable in this than in any other form of spinal syphilis. Meningo-myelitis presents two phases in its clinical evolution—a prodromal or meningitic and a paralytic. The symptoms of the first stage are often preceded by indications of basal meningitis, such as disturbance of vision and paralysis of cranial nerves. Rachialgia, lancinating pains, and rigidity of the spine mark the invasion of the spinal meninges. The symptoms of the paralytic stage are much less characteristic. Most often they point to a transverse dorsal myelitis, uni- or bilateral. The most important diagnostic features are the characters of the premonitory stage and the coexistence of the signs of intracranial mischief above noted. Myelitis, in a considerable number of cases, appears to be primary, signs of meningeal irritation being absent or insignificant. There is nothing in its symptomatology to indicate its syphilitic origin; evidence of the latter is to be sought in traces of ocular palsy, optic nerve atrophy, nocturnal cephalalgia, etc. The acute forms seem to be related more especially to lesions of the nutrient vessels of the cord, producing rapid destruction of the grey matter. The author mentions some experimental researches he has made bearing upon this. By injecting lycopodium into the spinal arteries of dogs he discovered that, when arterial obliteration is uniformly distributed through a segment of the cord, the grey substance is the part that is first affected by the vascular occlusion.

The beginnings of the life of the late M. Pasteur, who died in agony at L'Etang Park, Villeneuve, Sept. 28, were in obscurity and poverty, but he was so bright a youth and had such a thirst for knowledge that his father did everything he could to give the boy the best education to be had. After he passed beyond boyhood his progress was rapid, and at a comparatively early day, though he was still too poor to conduct investigation on a large scale, he carried on experimental research in a laboratory of his own. He easily mastered all that was to be known in his own province, and when in 1849 the silk industry of France was threatened with destruction by a contagious disease, and M. Dumas acknowledged that it was beyond him, M. Pasteur was called in to make a study of the situation. He applied himself to the problem until it was mastered, and though the people of France had no confidence in his remedies, the pro-

phcey which he made after he had located the disease was so definitely fulfilled that his remedy was accepted with universal gratitude. For nearly half a century M. Pasteur had been the master in investigations in bacteriology, and in this department of science the whole civilized world has been in debt to him. Perhaps his greatest service was the discovery how the horrors of hydrophobia might be removed. Hundreds of lives, it is claimed, have been saved by his treatment, not only in France, but in England and in the United States. He was continually engaged in experimental research down to the end of his career, and he ranks with Darwin as one of the greatest discoverers of the century. He mastered all the conditions of a problem before he undertook to do anything, and his tireless research and unflinching honesty of purpose left nothing undone to carry his point. The French Academy honored him with its membership, and the number of his monographs was legion, but the love of research was the supreme endowment of his life. His fame was great, but the man himself was superior to fame. His enthusiasm lasted until the very end, and among his pupils he was beloved to a rare degree. Few men have done more in a lifetime for mankind. He initiated a revolution in the treatment of disease, teaching men how to go to the bottom of things, and his work will remain for generations as a permanent blessing to mankind. He achieved more than he perhaps dared to hope for, but it made no difference with the man, who was so intent upon his work that he cared little for the praise of mankind. Such disinterested benefactors are rare, and they do much to redeem the honor of the race.—*New England Druggist*.

The Nature of Alcohol.

Whoever undertakes to solve the alcoholic problem should know and appreciate alcohol's characteristics. In a contest at war he is most likely to win who—*ceteris paribus*—best knows the resources of the enemy. No class of scientists are more fully qualified to tell us what alcohol is and what it does, than the chemists and physiologists. Over and over again, chemists who have studied it in the laboratory and physiologists who have observed its action upon the living being have declared that *alcohol is a poison*. Scarcely an intelligent person can be found who is not ready to acknowledge that opium is a poison. He who will experiment with both opium and alcohol on his own system will discover that in many respects the action of the latter is not very unlike that of the former. Nearly every physician of a few years' practice has seen or known well authenticated cases of sudden death caused by the ingestion of some form of alcohol. Indeed, the evidence that alcohol is a poison is overwhelming; and yet not infrequently, both in word and in print, this statement is stoutly contradicted by professional men of intelligence. To counteract any belief in a non-poisonous quality of alcohol it should be handled and treated as are

other poisonous substances. Every receptacle which contains it should be distinctly lettered *poison*, and pictured with the ominous skull and cross bones.

Alcohol is an Anesthetic.—Used on the external surface of the body, the part to which it is applied becomes less sensitive to impressions; used internally in large quantities the whole system yields to profound narcosis; the body may then be bruised and pricked with sharp instruments without expressing any signs of sensation.

Marriageable Ages.

At the present time, marriages are consummated at a much later age than formerly. This is due to several reasons: the lengthened educational course is one; the young men and women of to-day are just finishing their education at an age at which their parents became father and mother.

Of course education is a good thing for the individual, but our present systems of education seem to be playing sad havoc with the birth rate and this will be more noticeable in the future, because of the fact that education is becoming more general. Another cause might be mentioned: the young men feel the necessity of having something ahead in a pecuniary way, in order that they might begin their married career in a manner commensurate to their former method of living.

We are living in an age of luxury, and things that were considered luxuries in the past are necessities at present.

Bunyan, the author of the immortal "Pilgrim's Progress," said that when he and his wife were married they had neither pot nor spoon betwixt them. How many couples at the present day would marry under such conditions, which up to fifty years ago were common enough?

At the present time, with few avenues to wealth open before him, the young man is very much older by the time he has sufficient laid by on which to marry than were his ancestors.

One of the most potent causes of the decrease in births is the tendency of people to flock to the cities. Children which are an actual source of wealth to the man in the rural districts, become a source of expense to the urban resident. This causes them from necessity to limit their families. I might mention the desire of parents to give their children exceptional advantages. This causes them, when only of moderate means, to wish that they have but few children, especially if they are to distribute their favors equitably.

The wealthy are best able to properly raise large families but, as a rule, they are the ones who have the fewest children. The social pleasures which the rich women can enjoy cause them to abhor maternity, because it interferes with their imagined happiness. Among the poor in the cities, children are particularly a great burden, for it is often necessary in order to live, that the wife shall leave home to labor, and this she can not do and raise a family.

A New Treatment for Fever.

A new curative treatment has been discovered by a Transvaal doctor. Having noted the fact that milk absorbs poisonous germs from a bucket, he decided that it might be possible to turn this germ-absorbing power to a therapeutic account. He put his ideas to the test, and now asserts that he has cured persons of small-pox, fevers, diphtheria, and other maladies by simply wrapping them in milk sheets. The patient is laid on a mattress covered with blankets, and is packed in a sheet just large enough to envelop the body. This sheet has first been saturated in a pint and a half of warm milk, and is applied to the body without wringing. After this treatment, which lasts about an hour, the patient is sponged with warm water, or is put into a warm bath.—*Medical Press and Circular*.

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The Diagnosis of Diphtheria.

Landonzy has published a paper on this subject in which he insists on the necessity for examining all sore throats bacteriologically. Clinically it is almost impossible to distinguish

many of the forms—for example, the herpetic from the diphtheritic. Cases are quoted where the clinical diagnosis was diphtheria, but bacteriologically only staphylococci, streptococci, or pneumococci were found in the exudation. The results of 860 cases investigated thus are given: In 364—that is, in 42.3 per cent.—Loeffler's bacillus was found, and of these 269 showed pure cultivations of Loeffler's bacillus, 25 contained an admixture of streptococci, 70 contained an admixture of staphylococci and other cocci. Of the cases in which Loeffler's bacillus was not found a few showed pure cultivations of streptococcus, but the majority showed a mixture of various micro-organisms. A further difficulty in the clinical diagnosis occurs where faucial syphilis simulates diphtheria, and the difficulty is increased when it is suggested that probably the two conditions may be combined. It is in such cases that the value of bacteriological investigation is seen.

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Newton, N. C.....	15.30		11.25		7.25
Orange, Va.....	24.55	18.00		13.10	
Oxford, N. C.....	20.40	15.00		10.45	
Richmond, Va.....	23.25	17.05		12.40	
Reidsville, N. C.....	18.85	13.80		9.70	
Raleigh, N. C.....	20.40	15.00		10.45	
South Boston, Va.....	21.55	15.80		10.80	
Strasbury, Va.....	26.25	19.25		14.00	
Salisbury, N. C.....	15.30		11.25		7.25
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Paralyses of the Brachial Plexus.

Raymond (Clinical Journal) classifies paralyses of the brachial plexus as follows: (1) Simple, limited to such and such a branch, for example, the circumflex nerve. Instances are not uncommon. (1) Complete, of three kinds according to seat of casual lesion (a) where below or beyond the plexus—several simple associated paralyses; (b) where affecting plexus itself, determining paralyses proper of the brachial plexus; (c) where found on this side or above the plexus on its roots. This form constitutes radicular or root paralyses. Paralyses classed under (b) and (c) are total or partial. No essential symptomatic differences exist between total paralyses of the plexus proper and total root paralyses. It is not so when these two varieties are partial. Partial root paralyses are of two clear clinical types, namely, (1) A superior, more frequent, known also as the Duchenne Erb type. In the typical form of Erb the paralysis affects the deltoid, biceps, brachialis anticus, superior longus. To their paralysis is sometimes added that of the supraspinatus, infraspinatus, clavicular portion of pectoralis major, superior brevis, forming Duchenne's obstetrical type. (2) An inferior type, relatively rare, known also as the Klumpke type. Here the muscles paralysed are those innervated by the median and ulnar nerves. In Erb's typical form the causal lesion affects the fifth and sixth cervical motor roots, that is, a part of their fibres or those destined for the four muscles mentioned. In Duchenne's obstetrical type a great number or almost all the fibres of the same roots are affected. In the inferior or Klumpke type the lesion concerns the first dorsal pair and oculo-pupillary phenomena coexist. Intermediary forms exist between these sharply marked types. Since a distributory nerve branch derives its fibres from roots distant from each other, paralysis of such nerve is widely different in distribution to that of the nerve roots. Total paralyses of plexus or roots present (1) abruptness of onset, usually traumatic; (2) early appearance of pains in the limb, sometimes fleeting, sometimes permanent; (3) the motor paralysis is contemporary with the pains; (4) anæsthesia, usually total, with the exception of a triangular zone on the inner surface of the arm—the anæsthesia is often deep, affecting the muscular sense; (5) muscular atrophy, when present, starts at the scapular cincture to gain later the arm and forearm; (6) trophic disturbances, namely, œdema, cyanosis of the skin, lowering of local temperature; (7) in certain cases oculo-pupillary troubles (myosis, diminution of palpebral slit, retraction of globe, etc.). Partial root paralyses, besides the varying forms of motor paralysis mentioned above, present (8) anæsthesia. In the superior type this coincides with the neuritic pains, and quickly disappears. It concerns three distinct zones: (a) the zone of skin about the shoulder supplied by the circumflex nerve; (b) the external part of the forearm innervated by the musculo-cutaneous nerve; (c) the thumb

and index finger supplied by the median nerve. In the inferior type anæsthesia is the rule, occupying more or less the skin innervated by the ulnar, internal cutaneous, or median nerves. As to etiology, cold and lead poisoning are rare causes, traumatism (surgical and obstetrical intervention) most frequent. Hæmorrhagic compression has been recorded.

Mechanical Treatment of Chronic Constipation.

Schreiber calls attention to the great change in the treatment of chronic constipation during the last ten years. Before he had adopted the mechanical treatment he was unsuccessful in relieving 10 per cent. of his patients; since then he has had only three failures in 100 cases. His course of manipulation extends over six weeks to three months, and consists in systematic massage of the large intestine for 8 to 10 minutes daily. A considerable amount of power is employed, and the rubbing and pressure are directed by anatomical considerations. The cure is assisted by gymnastics and exercise; if necessary, mild aperients may also be employed. The diet also is carefully regulated. Before massage is begun the absence of floating kidney, uterine or ovarian disease must be ascertained. Schreiber distinguishes four forms of chronic constipation: (1) In strong, healthy, often young patients; due to hereditary predisposition or sedentary life, or to no ascertainable cause; (2) from the endless forms of digestive disturbance; (3) in patients weakened by neurasthenia or anæmia; (4) in the corpulent. In all these the mechanical treatment is the most certain means of cure. It is of the greatest service in the first form. In the second it will not succeed unless combined with severe and rigid dieting. In neurasthenic cases it must be associated with the means usually employed in the treatment of that disorder, such as change of air, distraction, wet packing, electricity, mental influences, and pleasant occupation. The treatment of chronic constipation by purgatives and enemata undoubtedly lessens the suffering, but at the same time depresses the energy of the intestinal muscles; the longer medical treatment has lasted, the more difficult and tedious will be the mechanical cure.

The Curette in the Removal of Pterygium.

Dr. Deschamps, in *The Annales F'culistique*, Julp, advises that the curette be used in removing pterygia. His method is to raise the growth by means of fine toothed forceps when the head is severed from the cornea by means of a small bistoury. The corneal wound is now thoroughly but carefully curetted, commencing at the summit.

He criticises the use of the cautery in this connection, stigmatizing it as a blind procedure and impossible to limit precisely.

The Action of Erysipelas Serum on Malignant Growths.

We have referred to this subject several times in former issues, however, we feel that our report would be incomplete if we did not mention Dr. Kopfstein's opinion on the subject. He has tried the action of three different strengths of serum from sheep inoculated with erysipelas streptococci in 15 cases of malignant disease; 13 of these were carcinoma, 1 sarcoma, and 1 malignant lymphoma. In almost every case the injection was accompanied by violent burning pain in the tumour, often lasting some hours. Severe headaches and pains between the shoulders and in the loins were almost the rule; while many of the patients suffered also from joint and pleuritic pains. Rigors, with grave general cyanosis, followed by great weakness, were seldom absent after the injection; in one case two rigors followed a single injection. As a rule injection was followed by a rise of temperature, the highest being 105.8° , the average 101.2° . The rise was usually with the rigors, but in one case the temperature reached 103° without a rigor. The fever came on half to one hour after the injection, and lasted four to six hours. There was no albumen in the urine. Other occasional consequences were nausea, vomiting, noises in the ears, diarrhoea, palpitation, epistaxis, and dyspnoea. Injection of the primary tumour had no effect on the secondary growths, but rather led to an increase in the size of the glands. Injections into the metastases did not affect the primary growth, but the metastases themselves became a little harder than before owing to an increase of connective tissue. The carcinomatous nests were, however, unaffected. Primary non-ulcerated growths behaved like injected metastases. There was prolonged swelling and tenderness after the injection at the seat of which an abscess formed in one case. In another the tumour broke down, and discharged carcinomatous masses without pus. Ulcerated growths showed well-marked reaction to injection. The base took on a healthy appearance, and the edges became flatter and eaten out. In some cases the whole basis and margin softened, and numerous islets of soft red tissue shot up on the healthy soil. Histological examination of these, however, showed granulation tissue, containing cell nests with perfectly formed cancer cells. The secondary growths were in no instance affected. The only action upon malignant lymphoma was clearing up of a gangrenous ulcer, while a sarcoma of the ilium became larger after injection, and the patient developed sciatica, which had not before been present. Kopfstein hence considers the action of this serum to be purely local, the tumours undergoing alteration only in the immediate neighborhood of the injections. Even where diminution of the growth occurs, which is mainly in ulcerated cases, no prospect of cure can be held out. He strongly endorses Bruns's view that this new method has not in the least advanced the non-operative treatment of malignant disease.

Notification of Infectious Diseases in Pennsylvania.

An Act of the Pennsylvania Legislature passed this summer increases the stringency of the law in that State as to the notification of infectious disease and the powers of the municipal authorities for preventing the spread of epidemics. The diseases the notification of which is compulsory are "cholera, small pox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, yellow fever, cerebro-spinal fever, relapsing fever, leprosy, varioloid, or diphtheric croup." The maximum penalty is a fine of 100 dollars or in default sixty days imprisonment. Children living in a house in which a person has suffered from diphtheria, small pox, scarlet fever, cholera, varioloid, diphtheric croup, leprosy, typhus fever, yellow fever, or relapsing fever, or children or other persons who have suffered from one of these diseases are forbidden to attend any kind of schools, Sunday schools being specifically named, until thirty days after the recovery, removal to hospital, or death of the person last affected, and the thorough disinfection of the premises. The Act gives power to a municipality to appoint a special person by whom alone a certificate of fitness to return to school may be given, and this power has been exercised in Philadelphia. Very extensive powers are given also to make rules as to isolation of individuals, and as to the mode of disinfection employed, so much so that the Medical News states that the health authorities would have it within their discretion to order the destruction of a house if they considered it infected, and to enter "sweat shops" and destroy the articles found therein whenever they deemed it necessary, and without compensating the owners for the loss of the articles destroyed.

Puerperal Fever without Localizing Signs.

Rapin (Clinical Journal) reported the following case before the congress of Swiss physicians at Lausanne. A multipara was delivered of stillborn twins by version; placenta removed. At first the lochia were fœtid without fever, pain, or gastric trouble. Antiseptic intrauterine injections twice daily. On the 10th day the patient got up and appeared cured. On the 18th to 28th day, high fever and rigors once or twice a day. No localisation possible in any organ. Quinine, alcohol, and wet pack ordered, and on the 30th day uterus curetted. The latter brought away abundant deep granulations of lardaceous tissues. The uterine walls were soft and friable. Temperature fell the same day; one rigor in the evening; after that convalescence was rapid, and the patient was discharged with no apparent lesion anywhere. Rapin believes this case to be unique; it shows the value of the curette even in chronic cases after local signs have disappeared, and proves that the illness was due to sapræmia and not to septic infection.

Elixir Maltopepsine (Tilden's).

In addition to its special value as a remedy for indigestion in infants, children and delicate adults, Elixir Maltopepsine is found to possess peculiar merit as a vehicle for the administration of many of the drugs which irritate the stomach and impair digestion and assimilation.

It has proven of the greatest possible benefit in the administration of the iodides, bromides, salicylate of soda, iron, etc., because of its grateful influence on the stomach. Cases in which these and similar drugs cannot be borne, may be rendered not only tolerant, but really acceptable to the stomach by combining them with Elixir Maltopepsine in about the following proportions:

Citrate of Iron	1 to 3	grains to each f. drachm of Elixir Maltopepsine.
" " and Quinine	1 to 3	" " " " " "
Iodide of Potassium	1 to 3	" " " " " "
Bromide "	2 to 4	" " " " " "
Salicylate of Soda	2 to 5	" " " " " "

The above combinations readily suggest to the mind of the physician the various conditions in which they would be applicable. If, in a case of indigestion for example, with anæmia, debility, chlorosis, etc., what could be more appropriate than to associate with the Elixir Maltopepsine the Citrate of Iron, Citrate of Iron and Quinine, or Citrate of Iron, Quinine, Strychnine and Phosphorus? any of which will readily combine with the Elixir Maltopepsine, making an elegant and agreeable preparation, and one that nicely meets the indications presented in such cases. So in relation to the other drugs meeting the complications presented by a tuberculous-scrofulous, syphilitic or rheumatic diathesis, in a dyspeptic subject.

Vaginal Hysterectomy for Salpingitis.

Quenu (Lancet) operates in some cases by laparotomy, in others by vaginal hysterectomy. The vaginal method exposes the patient less to the risk of infection; on the other hand, the operator works to some extent in the dark, and a small centre of inflammation may escape being dealt with. There may also be some difficulty in determining whether the lesion is bilateral, the only condition in which hysterectomy is justifiable. Bilateral pain is not in itself a sufficient indication. A good general rule is, if the uterus is movable, to perform laparotomy; the presence or absence of pus is immaterial, and adhesions, if they exist, are usually easily torn away. Many cases of non-suppurating salpingitis are seen in the midst of a mass of rigid adhesions, rendering removal very difficult. In hysterectomy the appendages ought never to be left. The position of the uterus and appendages should be carefully ascertained; if they are placed low the operation should be *per vaginam*; if high laparo-

tomy should be preferred. In the vaginal operation an incision is made in the middle line in the anterior or posterior *cul de sac*, as may be most convenient, and the uterus is denuded laterally by the index finger. The uterus is then totally divided in the middle line, and the divided halves seized with forceps and drawn down. By this means the two broad ligaments are drawn down and secured outside, and hæmorrhage is also prevented by the traction. The appendages are then freed in the usual manner. Artery forceps, which would have been greatly in the operator's way until this moment, are now applied from above downwards, three on each side, including the whole of the broad ligament, and hæmorrhage is effectually checked.

The International Alcohol Congress at Basle.

The fifth International Congress on the Abuse of Alcoholic Drinks, which was held at Basle last week, presented one striking new feature. At previous congresses the advocacy of abstinence has rested with the English delegates, but at the recent Congress a phalanx of Continental medical scientists dealt vigorous blows at "moderate drinking." Among those who avowed themselves to be abstainers were Professor Forel, of Zurich University and Asylum for the Insane, and Dr. Bode, of Dresden; while Professor Gaule, who occupies the chair of Physiology at Zurich, as a result of his own experiments, declared that the admission of alcohol into the system tends directly to lower the vitality of the most minute organisms, disturbing first the more complex and after the simpler. Dr. Smith, of the Marbach (Lake Constance) Home for Inebriates, explained by diagrams the results of a number of experiments made in the Heidelberg University Physiological Laboratory to ascertain the effects of alcohol, in various doses, on the mental processes of (1) learning by rote, (2) simple arithmetical calculations, (3) the association of ideas. All the experiments showed that the consumption of alcohol, in small and larger doses, exhibits a tendency to paralysis of the mental faculties. Dr. Furer, of Heidelberg, corroborated these statements, and explained how, by an electrical clock dividing the minute space into 1,900 parts, he had ascertained that the ingestion of even 7 grammes of alcohol suspended or tended to paralyse muscular activity. The sleep from alcohol did not act as a mental tonic, but left the mind next day weaker. Dr. Legrain, of the Ville Evrard Lunatic Asylum, when treating of "Alcohol and Mental Disease," laid down that insanity in France has increased, in proportion to the amount of alcohol consumed; that the chief cause of the increased insanity has been drink. the increase in the number of admissions into lunatic asylums having been most marked where there has been the greatest alcoholic consumption.—*British Medical Journal*.

The Therapeutic Use of Urotropin.*

By PROFESSOR DR. ARTHUR NICOLAIER.

From the Medical Clinic of the University of Göttingen Professor DR. EBSTEIN,
Privy-Councillor and Director.

Translated from the *Deutsche Medicinische Wochenschrift*, No. 34, of Aug. 22d, 1895.

In a preliminary communication† I have reported that Urotropin (Hexamethylenetetramin), formed, as is well known, by the union of Formaldehyd and Ammonia, can be used in adults in doses going up to 6 grams (90 grains) daily, without any unpleasant effects. I have shown that under the influence of the remedy diuresis is increased; that uric acid and sedimentary urates, previously present in large quantities, no longer appeared; and that the disappearance of these deposits was not a mere consequence of the increased diuresis, but was due to the direct action of the remedy on the uric acid and its salts. These experimental results have demonstrated the fact to me that Urotropin could not only be employed as a diuretic, but that it could be employed in the treatment of the uric acid diathesis and the various diseases dependent thereon.

My further experiments show that the remedy is especially adapted for the treatment of uric acid calculi; for it turned out that after the ingestion of Urotropin the urine gained certain properties that made it a uric acid solvent, without any change occurring in its acid reaction. Thus if an adult, whose urine does not dissolve uric acid concretions even after several days retention in the culture oven, be given sufficiently large doses of the drug, we find that the urine begins to dissolve such calculi placed in it, and kept at a temperature of 37° C. (98.6° F.) within the first 24 hours; and that this goes on, until after several days only the organic albuminous framework of the stone is left. The urine loses its uric acid solvent properties as soon as the Urotropin is all excreted‡. In proof of this I will recount briefly a single instance, which is only, however, one of a long series made for this purpose, and which always gave the same positive result.

*I have called Hexamethylenetetramin "Urotropin," because under its use the urine is changed in various ways. The drug was obtained from the "Chemische Fabrik auf Actien [formerly E. Schering]," of Berlin.

†Centralblatt für die med. Wissenschaften, 1894, No. 51.

‡Even after the use of small doses of Urotropin the urine gives an orange-yellow precipitate with bromine water, just as a watery Urotropin solution does. This precipitate is the Dibromide of Urotropin. The drug is therefore excreted in the urine; and it passes into it very quickly, being demonstrable one-quarter of an hour after its ingestion. The urine shows the reaction for some time after the remedy is discontinued, the length of time during which this occurs depending upon the size of the last dose. After a single dose of 0.5 gram [7½ grains] the presence of Urotropin could be demonstrated after about 13 hours; after a dose of 1 gram [15 grains] it was demonstrable after 27 hours.

A healthy man was given three times in one day 1 gram (15 grains) of Urotropin dissolved in water. The daily amount of urine before the administration of the drug was 990 ccm. (34 fluid ounces), the specific gravity was 1021, the reaction was acid; and on allowing it to stand, there was a moderate deposition of uric acid crystals. Uric acid concretions the size of poppy to hemp seed, which were allowed to lie in 25 ccm. (7 drachms) of this urine for five days at a temperature of 37° C. (98.6° F.) were entirely unchanged. On the fifth day the urine showed a slight turbidity; its reaction was yet acid. After the use of the 3 grams (45 grains) of Urotropin the daily amount of the urine increased to 1350 ccm. (46 fluid ounces), its specific gravity was 1020, its reaction was strongly acid, and no uric acid crystals appeared even when allowed to stand for a long period of time. In 25 ccm. (7 drachms) of this urine kept at the temperature of the culture oven, the solution of poppy to hemp seed sized uric acid concretions had begun in 44 hours; after five days only the organic framework of the smaller ones was left, whilst in the larger ones there was only a small amount of inorganic matter remaining in the centre. The urine remained clear during all this time, and its marked acid reaction was not changed. When the Urotropin had all been excreted from the body, and the urine gave no reaction with bromine water, the latter ceased to show any solvent properties towards uric acid. Nor was the solution of uric acid concretions in any way due to the increased diuresis that set in after taking the drug. Before giving the Urotropin we increased the collected daily amount of urine to 1350 ccm. (46 fluid ounces) with distilled water, and found that uric acid stones could lay in it for five days at a temperature of 37° C. (98.6° F.) without undergoing any change at all.

Further researches with the new drug have shown that the increased diuresis may be absent in certain cases. They also showed that whilst doses of 8 and even 10 grams (120 to 150 grains) could be borne by adults, yet in certain cases, for some unknown reason, the continued use for lengthy periods of time of daily doses amounting to only 6 grams (90 grains) occasionally caused unpleasant symptoms, which necessitated a decrease in the size of the dose. Several cases that had taken Urotropin in large doses for a time began to complain of a sensation of burning in the vesical region, appearing most often after urinating; these pains radiated along the urethra, and were sometimes accompanied with increased desire to micturate. The urinary examination in these cases showed only a moderate amount of transitional epithelium, and no other abnormal constituents. If in spite of these symptoms, the remedy was persisted in in the same doses, the trouble increased in severity; and occasionally red blood corpuscles appeared in the sediment. All these troubles disappeared, however, as soon as the dose of the Urotropin was diminished or it was discontinued entirely, and the urine soon returned to its normal state. In daily doses, less than 2 grams (30 grains), I have never seen any ill effects,

no matter how long they were continued. Occasionally, however, small quantities of transitional epithelium were found in the sediment even then.

I have, therefore, latterly limited myself to the exhibition of doses amounting only to 1 or $1\frac{1}{2}$ grams (15 to 22 grains) daily, that amount being taken at once, in the morning, dissolved in water. The solution of the uric acid concretions frequently did not begin until they had lain two or three days in the urine, but it went on steadily after that. Even daily doses of 1 gram (15 grains) caused the urine to show the uric acid solvent properties in the culture oven. Similar small doses were frequently diuretic in their action also. The experiments made on patients suffering from uric acid calculi with these doses have given so far very satisfactory results. We have not been able to note any deleterious influence on the kidneys even when larger doses were employed. Indeed, some patients that had albuminuria with casts and red blood corpuscles in the urinary sediment before the Urotropin was administered, showed a diminution in the quantity of the albumin and the morphotic elements whilst under the influence of the drug. I must remark here that therapeutic experiments with Urotropin have already been made by Bardet*. They were confined, however, to two cases of "rhumatisme goutteux." Bardet says nothing of the size of the doses employed, nor of the length of time that the experiments occupied; nor is he for the present in a position to draw any conclusions from these two cases. I did not know of his observations until after my preliminary observations had been published. He only mentions Urotropin very briefly, saying that in the test tube it readily dissolves urates and uric acid concretions, and that it is well borne by animals in very large doses. Bardet does not mention the fact that in the human being it is excreted in the urine, and that it imparts to that fluid uric acid solvent properties.

Whilst experimenting on the solvent properties of the urine after the ingestion of Urotropin on uric acid concretions in the culture oven, my attention was drawn to another property of the fluid. I noticed that the urine of patients that were taking 3 to 6 grams (45 to 90 grains) of Urotropin remained clear and retained its acid reaction at a temperature of 37° C. (98.6° F.), even when a few drops of urine in a state of ammoniacal fermentation was added thereto. Several specimens of such urine I have kept for nine months in the oven, without ammoniacal decomposition setting in. Even after inoculation with pure cultures of the bacterium coli commune, these urines remained sterile at 37° C. (98.6° F.). The same thing happened with urines that were the result of daily doses of 1 gram (15 grains), and frequently with those of 0.5 gram ($7\frac{1}{2}$ grains) daily.

These observations showed that the use of Urotropin hindered the

*Bardet, Recherches sur l'action thérapeutique de quelques dérivés du formaldéhyde. Les nouveaux remèdes, 1894, p. 171.

development of micro organisms such as the bacteria of the ammoniacal decomposition of the urine, and the bacteria coli commune; which latter, as is well known, is a factor in many of the bacterial diseases of the urinary passages. The results of my experiments in this direction show, in my opinion, that the drug ought to be employed in these diseased conditions. I have used Urotropin in two cases of cystitis, in which the urine was strongly ammoniacal, and I found it quickly efficacious in both.

CASE 1. The first case was a phthisical patient, who had suffered, probably for years, from a severe cystitis. The cloudy urine contained a moderate amount of albumin, was very alkaline in reaction, and smelt strongly of ammonia. The sediment was abundant, and greenish yellow; it showed many bacteria, and numerous crystals of triple phosphate and urate of ammonia. When the patient was put on 6 grams (90 grains) of Urotropin daily, a tablespoonful of a watery solution being given every two hours, some portions of the urine even on the first day were clear and acid. The total daily amount of urine, somewhat increased, was still alkaline; but it had lost its ammoniacal smell, and the sediment was much less in quantity. On the third day the total amount of urine reacted acid; it showed only a moderate cloudiness, which was found to be composed of pus corpuscles in small quantity, transitional epithelium, and red blood cells. During this period the vesical pains, especially after urinating, which had previously been but slight, were somewhat increased, and they became still worse with the continuance of the same dose. I thought of the possibility of this being due to the Urotropin, and on the seventh day I stopped its use. On the very next day the urine became strongly ammoniacal again, the sediment increased, the triple phosphate and urate of ammonia crystals became more abundant, and the pains in the vesical region became somewhat less. The attempt was then made to prevent the ammoniacal decomposition of the urine in the bladder by means of smaller daily doses of 0.5 to 1.5 grams ($7\frac{1}{2}$ to 22 grains). It was found that with doses of 1 to 1.5 grams (15 to 22 grains), each portion of urine, as voided, was acid, but the entire daily amount reacted alkaline; it did not, however, smell of ammonia, the formation of the triple phosphates was very much less, and the urate of ammonia crystals did not appear at all. Daily doses of 0.5 grams ($7\frac{1}{2}$ grains) did not seem to be effective in this case. Pain was not present, or at most transient, with these small doses. When the Urotropin was stopped the patient was treated until his death mostly with sodium salicylate; but even in doses of 5 grams (75 grains) it had no effect at all. The post-mortem showed the following as regards the urinary organs: ulcerative urethritis, diphtheritic cystitis, right pyelitis and ureteritis.

CASE 2. The second case was that of a patient who developed amongst other symptoms after an accident a paresis of the detrusor vesicæ, together

with a cystitis with ammoniacal decomposition of the urine. This occasioned him severe pain. Though the cystitis was treated at the Goettingen Medical Clinic with bladder washings of boric acid solution, the patient's condition was not improved. His urine had to be drawn several times daily with the catheter; he was given large doses of salicylate of soda, 5 grams (75 grains) daily, with oleum pini pumil, but without result. His urine was strongly alkaline, smelled of ammonia, and contained a very abundant glutinous sediment. His bladder was washed out first with a 1 per cent. boric acid solution, and then with a 1 per cent. carbolic acid solution; but it only gave him temporary relief. The urine for the 24 hours retained its ammoniacal odor, and only those portions voided after the washings of the bladder were faintly acid. A marked improvement set in, however, when the patient was put on a daily dose of 1.5 grams (22 grains) of Urotropin, a tablespoonful of a watery solution being given every two hours. At once after the ingestion of the first tablespoonful the urine drawn off with the catheter was acid, and two days later the entire amount of the secretion was strongly acid. The sediment showed only a small quantity of pus corpuscles and transitional epithelium, and the pains in the vesical region had almost entirely disappeared. That the change in the reaction of the urine, and the very considerable mitigation of the pain was due to the action of the Urotropin was demonstrated by the fact that when the patient received only 6 grams (90 grains) of sodium salicylate daily, the urine retook its alkaline reaction and its ammoniacal odor, and the pains increased again. In fact, the pains were so bad that the patient begged to be put under his former treatment again. I granted his wish, and I again convinced myself of the beneficial effect of daily doses of 1.5 grams (22 grains). This improvement continued, even when he was only taking 1 and 0.5 grams (15 and 7½ grains) of Urotropin daily. These doses caused the pus corpuscles to disappear from the urine. When the remedy was discontinued, the ammoniacal smell and the vesical pains returned. Bromalin Merck (Bromathylhexamethylentetramin) even in doses of 5 grams (75 grains) per day, had no favorable effect in this case. At the present time this patient takes 1 gram (15 grains) of Urotropin daily. His urine is acid, and he has no pain. The paresis of the detrusor vesicæ continues.

The above observations show that Urotropin hinders the ammoniacal decomposition of the urine, and that this effect can be obtained by exhibiting small daily doses, 0.5 to 1.5 grams (7½ to 22 grains).

I have also used the remedy in vesical inflammations in which the urine was strongly acid: but the results were not very plain, and I can not pass judgment on the efficacy of Urotropin in affections of this nature.

I shall publish in the future the results of further not yet concluded observations on the therapeutic efficacy of Urotropin, and shall continue

my therapeutic experimentation with this drug and its combinations. I have determined to make the foregoing communication, because I believe the use of Urotropin constitutes a not unimportant advance in the treatment of these affections.

Urotropin, prepared by the Chemische Fabrik and Actien, formerly E. Schering, in Berlin, Germany, is supplied by us in half ounce and one-ounce vials.

SCHERING & GLATZ,
55 Maiden Lane, New York,
Sole Agents for the United States.

Treatment of Nocturnal Incontinence of Urine.

Stumpf (Lancet) thinks the cause of nocturnal incontinence of urine is purely mechanical—namely, the pressure of the abdominal organs, which during sleep often lie above the bladder, so that the contained urine preeses on the vesical orifice of the urethra. Stumpf removes this pressure by placing a pillow under the child's pelvis, thus raising it so that it forms an angle of from 130 to 150 degrees with the spinal column, as the latter rests horizontally on the bed. A very low pillow is placed under the head. By this simple plan Stumpf cured 12 cases, including one of a woman aged 34 years; the incontinence ceased the first night it was tried, and although a few relapses occuared, a complete cure was effected in all the cases, so that after six weeks the patients could sleep in the natural position without risk of wetting themselves.

A Pharmaceutical Triumph.

There is probably no laxative or cathartic in the materia medica which is more widely known and more generously used, especially as a home remedy than Castor Oil.

Its only objection has been its taste. Now, however, even this has been removed and we have "A Pleasant Castor Oil."

Laxol is pure Castor Oil sweetened with Benzoic Sulphinide and flavored with Oil of Peppermint.

By referring to our advertising pages, the reader of this journal will learn how they can procure samples and literaturc without expense.

Laxol is used throughout many of the best hospitals in the East where it has been known for some time.

At a recent meeting of the Trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

Taka Diastase.

By FERDINAND LASCAR, Ph.Gr., Pathologist to the Demilt Dispensary, etc.

[From the Therapeutic Gazette, July 15, 1895.]

In the human system a continued waste takes place which it is necessary to provide for, and to this end man partakes of food which must contain the elements for this purpose. To bring such food products into proper form, so that they can be assimilated and taken up in the system, the digestive organs perform their functions, and these are of a mechanical and chemical order. The food needed is both animal and vegetable in nature, the latter forming by far the greater and more important part. It can truly be said that upon the proper digestion of his food, man's health, happiness, and very life depend, and progressive science has fully demonstrated the unerring truth of this. Any irregularity or fault in the process of digestion very soon becomes manifest, and dyspepsia, malnutrition, and ill health follow. As the food man partakes of is twofold, so is the process of digestion a twofold one, animal and nitrogenous foods needing an acid, while vegetable, starchy foods need an alkaline process to bring them into a soluble form ready for assimilation. The general idea about faulty digestion is that the stomach performs its duties improperly. While this, in very many instances, is undoubtedly so, the fact is, nevertheless, that in the greater number of cases of impaired digestion improperly performed processes of other organs are at the bottom of the evil in failing to properly convert the starchy food partaken of.

The changing of amylaceous food into dextrose and maltose is the beginning of digestion. All will have observed that bread, crackers, or potatoes, not being sweet in themselves, very soon become so when masticated and thoroughly mixed with the saliva in the mouth, and that their taste becomes sweeter the longer this is continued. This sweet taste is due to the conversion of the hydrated starch by the action of the saliva upon it, the saliva containing an enzyme called ptyalin, which, by its presence, splits up the starch into soluble products which I will mention later on, and this splitting-up process of the starchy food even continues after it has left the stomach. Animal foods needing the acids which are found in the stomach are digested there, but acids materially interfere with the action of enzymes which cause the conversion of starch, even destroying such action altogether. For this reason it seems practically incorrect to say that the conversion of starch continues after it leaves the mouth; but nature has provided against a too soon interference of acids, because it is now well understood that acid, especially hydrochloric acid, is secreted in the stomach a considerable time after the food has arrived there, and this may be one of the reasons why the converting of starch continues after it has left the mouth.

Since medical science has thoroughly grasped the philosophy of digestion, it has been the aim by artificial means to supply the enzymes which digestion calls for when they do not appear to be present in a sufficient quantity or are secreted in less potent form by the digestive organs. Science has succeeded fairly well in supplying gastric and pancreatic ferments when nature lags behind; but our success has so far been only a very partial one in supplying starch-converting substances, and for this reason a new and seemingly valuable discovery in this direction at once becomes interesting.

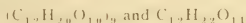
That diastase has an identical action with ptyalin upon starch is a fact long known, and for this reason the diastase contained in malt has been employed for this purpose. Diastase is contained to a lesser or greater extent in the different extracts of malt, and in minute quantities also in fermented malt preparations. In the latter the diastatic action, however, is generally totally destroyed by the acids present. Even in the best extract of malt there is only a limited and variable amount of diastase present; and while the extract of malt will continue to play an important role as a dietetic agent, its utility as a starch-converting agent will always remain a limited one. From time to time pure diastase has been offered to the profession, but none has so far proved of a sufficient potency to recommend itself to general use. Great progress in this direction is the discovery of Mr. Takamine, a chemist of no mean ability, who acted as one of the commissioners of Japan at the Cotton Exhibition in New Orleans several years ago. At that time he showed me an extract of malt, as manufactured in Japan, very rich in diastase and nutritive properties, and which I have mentioned in a paper on the diastatic and nutritive properties of malt extracts, published in the December number, 1891, of the *Epitome of Medicine*. In that paper I warned against too great heat in the manufacture of malt extracts, as heat impairs, and is even liable to totally destroy, the diastatic action. The avoiding of all undue heat in preparing diastase may be one of the reasons why the diastase which is now manufactured by Parke, Davis & Co., under Mr. Takamine's discoveries, is so perfect in its action in converting starch into maltose and dextrose. His product is a dry powder similar in appearance to some I received from a reputable German firm years ago, but is vastly superior in potency. Since the receipt of this German preparation I have frequently had occasion to experiment with various diastases, some being named vegetable ptyalin, but in no instance have they come up to the desired standard, and failed to fill the void felt for an enzyme which will accomplish what the enzyme of saliva in a healthy individual does accomplish.

In comparing notes of experiments lately conducted with taka diastase, other available diastases, and different extracts of malt, I find that the claim of the taka diastase that it will convert a hundred times its own weight of starch into a soluble state is well authenticated, for I have suc-

ceeded in converting even fifty per cent. more of starch than is claimed for it. Another point in favor of taka diastase above other similar products is the quickness of its action upon starch, for the action is almost instantaneous. To convert one hundred parts of starch into a soluble state by the action of one part of taka diastase, under proper conditions, it takes only four minutes until neither iodine test nor the microscope can detect unconverted starch. The product of converted starch with Mr. Takamine's taka diastase is to a great extent maltose. Compared with the time required by the best extract of malt to convert starch, this is certainly an excellent showing, for it took the best malt extract between seven and eight minutes to convert its own weight of starch into a soluble state, while with some other extracts of malt it took fifteen, twenty, and thirty minutes to partially accomplish this end. Tests with Fehling's solution to ascertain in the converted starch products the amount of contained sugar therein were equally favorable to taka diastase.

In converting starch into a soluble state by the action of diastase, the rearranging of the molecules of starch is understood to be as follows:

Starch $(C_{12}H_{20}O_{10})_{10}$ plus water, H_2O , are first formed into erythro dextrose and maltose.



By the continued action of diastase further hydration of the erythro-dextrose takes place.

The erythro-dextrose further splits up into erythro-dextrous-*B* and maltose, the ultimate result being a small amount of dextrin (ancho-dextrose) and eight or nine equivalents of maltose. Since Leuch's discovery of the specific starch-converting property of saliva and its ptyaline, we have lacked an agent of sufficient potency to accomplish what good healthy saliva does, and, for the first time, we find in taka diastase a substitute of undoubted worth, which, even in the presence of a minute quantity of acid, does not cease to be potent. The ptyline in saliva is present there in a neutral or weak alkaline state, and for this reason it suggests itself that diastase, being an analogue with the former, acts also at its best in such a state, and is incompatible with acids. I employed in the greater number of my experiments with diastase carefully washed arrow-root—a perfectly bland and neutral starch; but I found that starches giving a slight acid reaction on blue litmus were equally well converted by taka diastase. In testing diastase as to its potency, I would recommend that the iodine as well as the copper tests be employed, and that undue employment of heat under all circumstances should be guarded against, as heat, as already mentioned, destroys the action of diastase.

Taka diastase being a dry powder, tasteless and of no perceptible odor, can be given in very small bulk, and for this reason I think it will

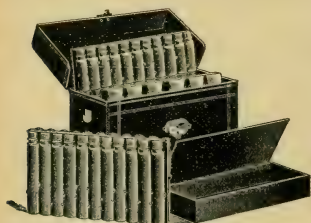
prove itself of value in infant feeding, where it is desirable to give starch-containing foods, provided said food would easily dissolve and the infant's saliva could be relied upon to perform that function. That the new diastase is destined to become a favorite with the profession I have no doubt, having acquainted myself with its potency in converting starch in a minimum of time into a form ready for absorption by the system, and I think it will be found the very remedy for which we have waited so long.

Pre-Senility; Ovarian Pains; Chronic Endometritis.

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The Rational Treatment of Alcoholism.

Dr. Fabreus in a very interesting paper, published in the Medical News, divides his subject into various stages, dealing in order with acute, subacute, chronic, and periodic alcoholism:

1. Acute poisoning with alcohol manifests itself in one of two forms. One, the anæmic variety, is usually produced by the sudden admission of large amounts of raw spirits into the stomach, a dangerous and possibly fatal condition of shock resulting therefrom. The countenance is pale, the pupils dilated, the pulse feeble, rapid, and irregular. In such cases, immediate assistance to the heart is required to prevent fatal syncope, and before attempting to empty the stomach a hypodermic injection of nitro-glycerine with atropin, or of sal volatile, should be administered. The stomach tube is then passed and the viscus emptied thoroughly and washed out, a little warm milk, olive oil, and chloride of sodium being left within it as a local sedative and mild laxative. This is to be followed by a hot pack if the temperature is subnormal, and by hypodermic injections of strychnine or nitro-glycerine if necessary. As the patient recovers he is very likely to fall into a deep sleep, from which he should not be aroused. In the second or congestive type of acute alcoholism the onset is far slower, and the patient is suffering from an alcoholic toxæmia rather than from shock, although the temperature may be subnormal and the pulse feeble. Narcosis is rarely so profound that stimulation, as by a sharp rap on the soles of the feet, is not followed by response. In these cases the stomach should first be washed out and a good dose of Epsom or Rochelle salts left within it. The action of the bowels and of the skin should be established as quickly as possible—the former, if necessary, by enemata superadded to the salts already mentioned; the latter by the use of the hot pack and free massage. Convulsions are occasionally seen in this stage, resulting probably from a passive hyperæmia of the cortex, and should be treated by a hypodermic injection of morphia with chloral and bromide by the rectum, and possibly croton oil by the mouth, to induce rapid and vigorous purgation.

2. By subacute alcoholism the author means a condition when the drinking habit has become so established that enormous doses are required in order to satisfy the morbid craving for the poison, which is slowly if surely disorganising the patient's nervous system. Any acute disease affecting such an individual is very likely to lead to the severest prostration, and possibly may manifest itself in an outbreak of delirium tremens. Complete abstention is not advised in such a condition, the chief aim being to substitute a milder and less injurious agent for the raw spirit, and also in diminished quantities. For the distressing morning sickness so characteristic of this affection nothing can compare with the gastric siphon, in the author's opinion. The stomach should be washed

out daily at first, and preferably before the midday meal, with a weak alkaline solution, and if constipation is present a dose of salts may in this way be readily administered. An hour afterwards an antiseptic should be given in the form of salol, naphthalin, or sodium salicylate, whilst the general health is braced up by nux vomica, cinchona, and capsicum. A fairly generous diet is admissible, varying according to the digestive powers of the patient. Insomnia must be treated if present, and trional is recommended, although its power is soon lost, and it must be used alternately with other hypnotics. Chloral is contraindicated in old alcoholics, owing to its influence on the heart. To relieve the morning sickness various agents are suggested, such as a cup of hot tea or coffee the first thing in the morning, a glass of cold effervescing mineral water, an icebag or a hot fomentation to the epigastrium, or perhaps, better still, the administration of small doses of cocaine by the mouth. To reduce the morbid craving for the drink, nothing succeeds so well as rapidly increasing doses of strychnine given hypodermically, combined occasionally with hyoscyamine.

3. The treatment of chronic alcoholism where the viscera are extensively diseased is always extremely unfavourable. Iodides which have the repute of benefiting sclerosed tissues may be tried with care, but as a rule the chief indications are simply for symptomatic treatment.

4. Periodic alcoholism or dipsomania is looked on essentially as a monomania, which can be dealt with efficiently only in a suitable hospital or asylum. Alcohol must be strictly withheld, and powerful sedatives exhibited near the time of the expected attack. The prognosis is always extremely bad.

Typhoid Bacillus in the Urine.

Wright and Semple (Lancet) draw attention to the frequency with which typhoid bacilli are present in the urine of patients suffering from typhoid fever. These observers found these organisms present in six cases out of seven examined. As they point out, it is therefore quite as important to disinfect the urine as the fæces. It may also be useful as an aid to diagnosis in obscure cases, and it further helps to explain the serious kidney complications which are not very uncommon in typhoid fever. Some observers have regarded the late complications of this disease as dependent upon the bacterium coli, but it is probable that frequently they are due to widespread diffusion of the typhoid bacillus.

We have invariably been satisfied and pleased with the goods bought of G. W. Flavell & Bro., 1005 Spring Garden Street, Philadelphia, manufacturers of trusses, suspensory bandages, supporters, elastic stockings, etc.—*Medical World*, September No., 1895, page 364.

Betanaphтол-Bismuth---Von Heyden.*A Non-poisonous and Efficient Antiseptic and Astringent for the Gastro-Intestinal Tract.*

Dr. Louis Fischer, Instructor in Diseases of Children at the New York Post-Graduate School and Hospital; Visiting Physician to the Messiah Home for Children; Attending Physician to the Children's Department of the German Poliklinik, in an article published in the Medical Record, July 13th, 1895, and entitled "The Treatment of Summer Complaint, or Gastro-Enteritis Catarrhalis Acuta, including Cholera Infantum, in Children," says substantially as follows:

Lavage of the stomach and irrigation of the bowels, is to be recommended, in accordance with the method practiced by Prof. A. Baginsky and Dr. Hugo Neumann, of Berlin, and others. The stomach and bowels having been cleansed by nature's own methods, we must next try to aid her in neutralizing the fermentative and septic processes that we cannot reach by the method above mentioned. Calomel and castor oil are of use; but bismuth is the sovereign remedy. Fischer formerly used the drug in the form of the subnitrate, the salicylate and the sub-carbonate; but he gives decided preference to the Bismuth-Betanaphтол. Formerly he was in the habit of prescribing naphтол with bismuth, but since the introduction of the Betanaphтол-Bismuth we have in this chemical compound a substance which, in Dr. Fischer's opinion, is the most valuable remedy that can be given to children. Betanaphтол-Bismuth has been physiologically examined at the Imperial Institute for Experimental Medicine at St. Petersburg, and has been found by Professor von Nencki to agree well with patients even after long continued use. Introduced into the stomach, it becomes partly decomposed into naphтол and bismuth; a large part of it, however, passes unchanged into the intestines, where the acid reaction and the presence of the pancreatic juice complete the disassociation. The naphтол is but partly eliminated in the urine; the residue passes through the whole alimentary canal, and is finally excreted with the feces. The bismuth is entirely excreted as a sulphide with the feces. In no single case was any toxic effect observed, though daily doses of seventy-five grains were given for three weeks. It is indicated in all forms of bacillary diarrhoea, in choleraic diarrhoea, but especially in those forms of acute catarrhal gastro-enteritis that we are accustomed to see in our cities to-day. The antiseptic properties of the naphтол is combined with the astringent properties of the bismuth. Vomiting never follows the administration of the drug; nor has there occurred any other symptom attributable to its use which would contra-indicate its use.

Dr. Fischer entirely agrees with Professor Hueppe (Berliner Klinische

Wochenschrift, 1893, No. 7), who lauds this new remedy as a powerful intestinal antiseptic, and recommends it as a specific in cholera.

The fact that the phenols have been but little used for internal medication can only be explained by the fact that they are very poisonous in their free state. Their causticity, disagreeable odour and taste are neutralized by their combination with bismuth. These combinations when introduced into the system become decomposed; the liberated phenols exert their characteristic antiseptic effects, while the bismuth oxide combines with and fixes the toxic albumens in the intestines.

A child, one year old, can be given five grains of Betanaphthol-Bismuth every two, three or four hours; a child half a year old should be given only half that dose. Fischer always insists on giving these powders with a little boiled (sterilized) water, and preferably when the stomach is quite free from food. If there is a great tendency to vomiting, and the child does vomit the first or second dose that is given, it is Fischer's custom to immediately follow the vomit by another dose of the same quantity. Opium, in the form of Dover's powder, is indispensable sometimes, $\frac{1}{10}$ to $\frac{1}{3}$ of a grain being given with each dose of the bismuth. If vomiting persists and can not be controlled by medication, he resorts to rectal feeding; and Betanaphthol-Bismuth can be administered per rectum, in suppository, double the oral dose being employed.

Incision of the Cervix in Puerperal Eclampsia.

Deep incision of the cervix has been warmly advocated by Duhrssen (The Practitioner) as a means of effecting rapid delivery in cases of puerperal eclampsia. He describes three cases of eclampsia in which he performed this operation. All of the children were born alive, but one of the mothers died. The operation should be undertaken only when the entire supravaginal portion of the cervix is fully dilated. In cases in which the supravaginal portion is not dilated mechanical dilatation must be employed before resorting to incision. The incisions, usually four in number, are made with long, straight, or angular scissors, or a bistoury, care being taken to bring them fully up to the utero-vaginal junction. If the incisions are complete, and reach up to the utero-vaginal junction, no further extension by tearing beyond the attachment of the vagina will occur during the extraction of the child. This procedure is not accompanied by any considerable hæmorrhage, the introduction of the hand into the uterus for the purpose of performing version being sufficient to check it. He does not regard the immediate repair of the incisions as necessary, as partial union generally occurs spontaneously. He believes that in spite of its advantages in certain cases the field for this operation will prove limited, and that the operation itself is a serious one, and not to be undertaken lightly.

The Toxins of Erysipelas in the Treatment of Malignant Tumors.

In July Professor N. Senn, of Chicago, contributed an article with the above title to the *Journal of the A. M. A.* He reviews the present position of this question. He commences with a short historical epitome extending from the paper published by Billroth years ago, reporting a case of inoperable sarcoma of the pharynx absolutely cured by a severe attack of erysipelas, down to the most recent papers by Coley and others. Thus he refers to the report of Bruns, who relates the history of twenty-two cases of tumor affected with erysipelas, amongst which were three of sarcoma permanently cured, four of lymphoma practically cured, three of carcinoma of the breast much benefited, and one other of fibro-sarcoma greatly improved. In 1893 Coley was able to collect forty eight cases of malignant tumors in which an attack of erysipelas had occurred either by accident or intent. In thirty-three cases the erysipelas was accidental, and in fifteen it was the result of inoculation. Of seventeen cases of carcinoma, three were permanently cured; of seventeen of sarcoma, seven were free from recurrence from one to seven years after the attack of erysipelas. Ten cases showed quite marked improvement, and only one patient died as the result of the inoculation. The fact that there is necessarily a certain amount of risk to life from injecting living organisms has led Coley and others to employ sterilised cultures, and these are reported to have the same therapeutic effect, although no attack of erysipelas follows their use. It has also been ascertained that the addition of the bacillus prodigiosus, a comparatively harmless microbe, to the cultures adds to their efficiency, and most of the recent trials in this direction have been made with dead cultures of the two organisms mixed. In his latest publication, Coley maintains the value of the mixed toxins of the two microbes, especially in cases of sarcoma, and is able to report nine cases of sarcoma cured in this way which have lately come under his own observation, and refers to a few successes in the practice of other physicians. The method of preparing the toxins is then given in some detail, and the results of the use of this plan of treatment in the surgical clinic at the Rush Medical College are set forth. The injections were made daily, gradually increasing the dose until the desired reaction was produced. Minimal doses were first employed, and the effect consisted in the occurrence of a slight chill, followed by a rise of temperature to about 103° or 104° F. A variable number of injections were given from 25 to 110 in the same individual, so that a fair trial was thus allowed to the reagent. The results may be summarised in two words—viz., utter failure. "In all the cases the injections failed to effect even temporary improvement, and in some of them the local and general conditions appeared to be aggravated by the treatment." Senn is quite satisfied that this plan of treatment will be abandoned in the near future, and assigned to a place in the long list of

obsolete remedies employed in the treatment of malignant disease beyond the reach of a radical operation.

Treatment of Purulent Ophthalmia in Young Children.

Dr. Vignes (Clinical Journal) says there are two chief indications which govern the treatment of purulent ophthalmia: the one is to check the development of the infection by destroying the organisms which cause it—that is to say, by drying up the mucous membrane; the other is to cleanse the ocular surfaces from the pus which bathes them, and alter the vitality of the epithelial elements and prepare for their necrobiosis. The first indication is met by the action of nitrate of silver, a substance which is of great value in the treatment of these cases if applied in a proper manner. The mitigated stick (1 in 3) and nitrate of silver solutions are both useful and have their special indications. The mitigated nitrate of silver stick should be used when there is an abundant purulent discharge from the eyes. The tarsal conjunctiva should be freely cauterised, but no further application should be made until the slough has separated; the treatment should be continued by washing out the eyes with an antiseptic solution and the instillation of nitrate of silver in solution. Cases when seen early are best treated from the first with a solution of nitrate of silver. A 1 per cent. solution is generally strong enough. Before introducing the nitrate of silver solution all secretion should be thoroughly washed away, and sufficient time should be given for the nitrate of silver to act upon the mucous membrane before the excess is washed away by a solution of chloride of sodium. If the cornea is unaffected, and the solution of nitrate of silver used is a weak one, it is not essential to employ the salt solution at all. A pipette and not a camel's-hair brush should be used for the introduction of the solution, and in order to allow the mucous membrane to be fully acted upon by the nitrate of silver the eyelids should be everted. In order to facilitate this the eyelids of the patient and the surgeon's fingers should first be carefully dried; but if in spite of this difficulty is experienced, the outer canthus may be divided with scissors, the incised surfaces being kept from reuniting by stitching mucous membrane to skin at two or three points. This little operation greatly facilitates treatment, and leaves no bad results behind. It is important not to introduce the nitrate of silver solution too frequently. For washing out the eyes the author condemns the use both of solutions of corrosive sublimate and also of carbolic acid, and believes that a 1-4,000 solution of permanganate of potash is better than anything else for this purpose. The solution, which should be hot, is best introduced by means of a cotton-wool sponge. He points out that powdered iodoform should never be introduced into the eye after the employment of nitrate of silver in solution, because the iodide of silver which is thus formed has a powerful caustic action.

Influence of the Removal of the Ovaries upon Metabolism.

Emileo Curatulo and Luigi Tarulli, (Transactions of the Edinburgh Obstetrical Society,) maintain that the starting point for all researches on this subject is the now acknowledged clinical fact that patients can be cured of osteomalacia by oophorectomy. None of the theories based upon this fact have, according to these authors, a strictly scientific foundation. They refer to Petrone's researches, which tend to show that the good effects of the operation upon the disease is due to the anaesthetic (chloroform) and not to the spaying.

They suggest that the proper method by which to arrive at a true and scientific conclusion regarding the effect of castration lies in a previous study of the changes occurring in the metabolism after castration under healthy conditions. They refer to the fact that animals after castration tend to grow fat; but no scientific investigation of this phenomenon, with its resulting changes in metabolic activity, of respiration and urinary composition, after the operation, have ever been made. Their efforts have been directed to fill this gap in our aetiological knowledge for the purpose of obtaining light in regard to the effect of castration upon the development of mollities ossium.

In their experiments, the animals (bitches) were kept upon a constant diet previous to castration, so that an almost constant average excretion of nitrogen and of phosphates was obtained. After castration a very marked and long-continued decrease in the quantity of phosphoric anhydride was observed. In one case, in a bitch which excreted before operation a daily average of 9.93 grammes of nitrogen and 1.50 grammes of phosphoric anhydride, the average of nitrogen discharged after the operation remained about the same, but the phosphoric anhydride diminished to 0.75 gramme. The daily examinations were continued for a period of eighty-five days.

It is important to note the remarkable rapidity of this decrease after operation. In one case, where primary union was obtained in three days, the decrease in the discharge of phosphates was noticed six days after.

The authors are inclined to believe, in view of the fact that the quality and quantity of the food given to the animals experimented upon was constant, that the decrease in the elimination of phosphates after castration does not depend upon the introduction of a smaller quantity of them through the food but upon a diminished oxidation of the phosphorus which exists in organic form in the tissues; and this, being stored up in the system in combination with calcium and magnesium, would accumulate in the bones in the form of calcium and magnesium phosphate.

They therefore believe that the removal of the ovaries is advantageous in this disease, but deny the theory both of Petrone, who believes that the

fermentum nitricum, ascribed as the cause of the disease, is destroyed by the chloroform narcosis, and of Fehling, who maintains that the ovary represents the *stimulus*, which determines the mollities ossium.

The theory of the authors is founded on the general theory of Brown-Sequard, which refers a kind of internal secretion to the ovaries, in common with all other glands of the body—i. e., "they continually introduce into the blood a secretive product, the chemical constitution of which is still unknown, capable of facilitating the oxidation of the phosphoric substances which supply the material for forming the salts of the bones." It results, therefore, that when these glands are removed there is a greater retention of organic phosphorus, which, in combination with other minerals, gradually restores the needed earthy salts to the bones with recovery of their solidity.

The authors hope to extend this theory, with a further advance in experimentation upon animals, to the question of fat combustion, as an explanation of the phenomenon of fattening after castration and, perhaps, of that frequently noticed in connection with the menopause and in sterile women.

Anæmic Patients who have Malarial Cachexia.

Dr. T. D. Crothers, editor of The Quarterly Journal of Inebriety, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number as follows:

Antikamnia and Quinine are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemicrania), and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition,

The Etiology of Mucous Polypi of the Nose.

Professor Gaye, when discussing this subject at the recent meeting of the British Medical Association, said that he had been unable to demonstrate any causation in the majority of his cases of nasal polypi, but he had in other cases seen and proved them to be originated by fetid eczema, rhinoliths, and empyemata of the accessory cavities, but he thought chronic catarrh, irregular septum, and habitual mouth-breathing might have a bearing on the etiology of the complaint. He finally alluded to the possibility of climatic influences, giving as an example a place in Holland where nasal polypi were said by the inhabitants to be unusually prevalent.

Official Report from the Imperial German Health Department.

From the "Kaiserliches Gesundheitsamt" in Berlin comes the report of the results of the Collective Investigation of Diphtheria Antitoxin for the first quarter (January to April) of the year 1895. Recognizing the fact that the statistics at the disposal of many of the individual investigators have been but small, and realizing the importance of obtaining figures sufficiently large to eliminate the various accidental and subsidiary factors, the Chancery of the Empire and the Reichstag have arranged that the reports of the various hospitals should be sent to the "Gesundheitsamt" and there be collated and tabulated. In compliance therewith, there have been received for the first quarter of the year 1895, up to the date of June 20th, 2,228 replies from 232 physicians in 191 hospitals. In 1,148 of these cases the diagnosis was confirmed by bacteriological examination.

Of these 2,228 cases treated, 1805, 91.0 per cent recovered, and 386, 27.3 per cent. died. In 37 cases, 1.7 per cent. the issue of the disease was not known at the time that the return was made. The mortality of 17.3 per cent, must be characterized as a very low one, since it includes all the complicated cases, and even those that were moribund on admission to the hospitals.

The ordinary diphtheria mortality, according to hospital statistics, is on the average 50 per cent., and the results may fairly be called favorable ones. The previous statistics of cases treated with the serum gave similar figures. Heubner collected from a number of hospitals to the end of January, 1895, 3,036 cases, mortality 20.6 per cent.; Baginsky treated 525 cases, mortality 15.6 per cent., and Monti tabulated 3,888 cases, mortality 18.4 per cent.

Grouped according to severity, the following is the result in the 2,228 cases reported on:

Of mild cases there were	749	(33.6 per cent.)	of which there recovered	743	(99.2 per cent.)
Of medium " " "	336	(15.1 ")	" " " "	332	(95.8 ")
Of severe " " "	1076	(48.3 ")	" " " "	722	(67.1 ")
Of indefinite cases " "	67	(3.0 ")	" " " "	53	(79.1 ")

As regards the influence of the serum on the general clinical course of the disease the report agrees thoroughly with Professor Baginsky, and cites his words. The phenomena of the disease and its complications were of the usual nature; but they were favorably modified as regards their severity. The entire course of the disease under the serum treatment was a quieter, and milder one; and the return to a normal condition was quicker than usual. The nature of the process was not changed; but its effect on the general organism was much milder.

The influence of the remedy on the local phenomena in the pharyngeal organs is an unmistakable one, as has been proven by earlier publications. According to Heubner the local malady, in cases not treated

with the serum, most commonly gets well at the eighth day; in cases treated with the Antitoxin it occurs at the sixth day. The exfoliation of the membrane is frequently complete by the fourth or fifth day. The present statistics prove the same thing. In a large number of cases the following is noted: "Membranes began to come away on the third or fourth day;" "on the fourth or fifth day the pharynx was entirely clear." In connection with this disappearance of the membrane a rapid decrease in the size of the cervical lymphatic glands was frequently noticed.

Abscesses occurred at the site of the injection in 13 cases. With care and cleanliness they could probably be always avoided. As is well known, Trikresol is added to the serum for the purpose of not only destroying any germs that may have reached it through the air, but also of rendering innocuous any infectious material from the animal itself. And before the Antitoxin is put upon the market, it is subjected to a Government examination, *more especially as regards its innocuousness*. The danger of an accidental inflammation at the seat of the injection is therefore less, in spite of the large quantities of fluid employed, than is the case with the ordinary hypodermatic injections, such as those of morphine.

Finally, the report concludes, our statistics confirm the reports that have been received from all sides, that the Diphtheria Antitoxin is *harmless*. This fact, with the favorable mortality under its use, should encourage its further application.

In regard to the immunizing effects during epidemics of diphtheria in institutions, some very interesting papers have been read before the "American Pediatric Society," at its seventh annual meeting at the Virginia Hot Springs, May 27, 1895, by Dr. L. Emmett Holt and Dr. A. Seibert, of New York, and Dr. F. Gordon Morrill, of Boston.

These well-known specialists of children's diseases showed in their reports, which were published in the "Archives of Pediatrics," July, 1895, that injections of Antitoxin for immunizing purposes are of inestimable value. Dr. Morrill described the results obtained from 438 immunizing injections of Antitoxin at the Children's Hospital in Boston, of which 109 were of Gibier's serum; 104 of Behring's; 74 of Aronson's, and 151 of the Antitoxin prepared by the Massachusetts State Board of Health. As regards the urticaria, its frequency, severity, time of appearance, and duration varied greatly with the brand of serum employed. That of Gibier (Pasteur Institute of New York) produced it in 22 per cent. of the cases on the (average) seventh day, and lasting (average) two and a half days. Behring's caused it in but one case, appearing on the eighth day and lasting three days. *Aronson's gave rise to no urticaria*. The serum of the Massachusetts State Board of Health produced in about $4\frac{1}{2}$ per cent. of the cases, an eruption appearing on the (average) second day, and disappearing in a day and a half.

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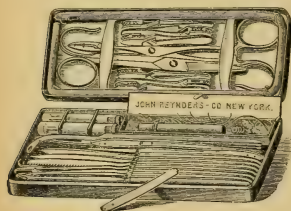
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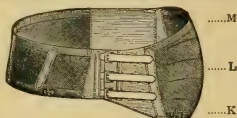


Fig. 1.

PRICE TO PHYSICIANS :

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The Abdominal Supporter is used extensively after Laparotomy by all the leading surgeons, and gives perfect satisfaction to women during pregnancy.

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Hypophosphites.

A VITALIZING, NUTRITIVE TONIC,

This preparation combines the specific properties of fresh Saw Palmetto Berries, with the nutrient and tonic qualities of the Hypophosphites of Iron, Lime, Potash and Manganese, and is entitled to rank as the most valuable agent in reconstructive and invigorative therapy.

Each Fluid Ounce contains :

Saw Palmetto Berries, fresh.....	120 grains
Hypophosphite Lime.....	1½ "
Hypophosphite Iron, Potash and Manganese, each, 1 grain.	

Saw Palmetto has a pronounced action upon the glands of the reproductive organs, tending to increase their activity and promote their secretive faculties. It has recently come into great prominence with the profession as a most valuable remedial agent in prostatic troubles, presenility, difficult micturition, irritated bladder and inflammation of the Urethra.

Combined with the PURE SALTS of Hypophosphites its stimulating and soothing influence over the mucous membranes of the respiratory and the intestinal tract, render it a very valuable remedy in the treatment of chronic Bronchitis, Catarrhal, Scrofulous and Tubercular affections. It relieves coughs, improves the appetite and aids digestion.

DOSE.—One to two teaspoonfuls, or as directed by the physician.

PALMETTINE HYPOPHOSPHITES WITH COD LIVER OIL.

The disagreeable taste of both the Cod Liver Oil and the Saw Palmetto are completely disguised without sacrificing in the smallest degree the medicinal virtues, and the combination is identical with our PALMETTINE HYPOPHOSPHITE, with the addition of 25 per cent. of Cod Liver Oil as represented by its active principles.

We confidently believe this combination will be found to be the most superior remedy in lung and throat affection.

Dose same as Palmettine Hypophosphite.

 Reports of Cases, and Correspondence Invited.

The Virginia Pharmacal Co.

Manufacturing Chemists,

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Mention Charlotte Medical Journal.

Ovariectomy, Eighty-eight Quarts of Fluid ; Recovery.

Reifsnyder, writing in the Amer. Journ. of Obstet., describes two cases of ovariectomy performed on native Chinese women in the Margaret Williamson Hospital, Shanghai; both patients recovered. In the first case the patient was 23: the tumor weighed 80 lbs. The second patient was 25 years of age; she married at 19, and soon afterwards her abdomen began to enlarge. She had never been tapped. She was 4 feet 8 inches in height, and the circumference at the umbilicus was 5 feet 7¾ inches. She passed about 16 oz. of urine in twenty-four hours, free from albumen; its specific gravity was 1026. Her appetite was good, and the bowels acted once or twice daily. She had been unkindly treated as a sterile woman unfit for domestic work. After numerous precautions, ovariectomy was performed. Chloroform was given; her head and shoulders had to be somewhat elevated; she took but little of the anæsthetic. Eighty-eight quarts of fluid were removed; the tumor consisted of one large and one very small cyst; there were free adhesions superiorly. The empty tumor weighed 6½ pounds. There was no ascitic fluid in the abdominal cavity. The pedicle was long and about 2½ inches broad. The abdomen was washed out, then the wound closed with twelve silk sutures. There was much shock at first. After the first day, she passed urine voluntarily, and her bowels were moved forty-one hours after operation. On the second day, there was flatulent distension, the pulse rising to 102°. Rochelle salts were given. Her second night was the worst; she had two hypodermic injections of digitalin ($\frac{1}{100}$ grhin) brandy by the mouth twice, one turpentine enema, and a capsule of turpentine taken by the mouth. Afterwards she did well. Her weight, two months after the operations, was 92 pounds.

Eclampsia of Pregnancy with Amaurosis.

Rabcewsky (British Medical Journal) has come across an instance of convulsions during pregnancy in which every fit was regularly preceded by a transitory amaurosis as well as by œdema of the face, which was also of short duration. Two sets of convulsions occurred during one pregnancy, the first about the end of the seventh month, four attacks taking place within 24 hours, the second in the course of the eighth month when two fits were observed. After the last convulsion a healthy child was delivered. The mother recovered perfectly. The two prominent symptoms above mentioned developed before each of the six fits which took place at two epochs of pregnancy. Olshausen has been able to collect only three cases of eclampsia in which the fit was preceded, as in Rabcewsky's patient, by an aura.

MALTOPEPSINE**TILDEN'S****A UNIQUE AND PREPOTENT DIGESTANT.****PROMPT, PLEASANT AND RELIABLE.**

WHAT IS IT? **Maltopepsine** is a dry powder, essentially of Malt-Diastase, Pepsin, Hydrochloric and Phosphoric Acid, with a pleasant, sweetish acid taste.

WHAT ABOUT IT? It appeals to the good sense of the thoughtful Physician, (1) because it combines the three indispensable elements of a perfect digestive ferment. (2) Because it has fully demonstrated its value by exacting clinical tests in many forms of indigestion, Dyspepsia, Vomiting of Pregnancy, Typhenteric and Dysenteric Diarrhœa, Sick Headache, Cholera Infantum and the Indigestive Diarrhœa of Children.

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(Each fl. dram contains 10 grs. Maltopepsine.)

Is the same thing in a liquid form. It has a beautiful, clear, claret color, and is as grateful to the taste as a tart grape wine. Peculiarly adapted to the stomach and bowel ailments of children and persons who find powders objectionable.

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ECONOMICAL.

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Calisaya Terebinth. 5 grs.

Pepsin Sac. 3 "

Erythrox. Coca.

Iron Pyrophos.

Viburnum 1 "

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Strychnia Sul. 1-100 "

With Vegetable Aromatics.

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Operative Treatment of Spasmodic Torticollis.

Drs. Richardson and Walton, of Boston, (American Journal of the Medical Sciences,) in discussing this subject has come to the following conclusions;

1. Palliative treatment, whether by drugs, apparatus, or electricity, will rarely prove successful in well-established spasmodic torticollis.
2. Massage may prove of value in comparatively recent cases.
3. Resection affords practically the only rational remedy.
4. Operation on the spinal accessory nerve may afford relief, even if other muscles than the sterno-cleido-mastoid are affected. On the other hand, the affection previously limited to the sterno-cleido-mastoid may spread to other muscles in spite of this operation.
5. No fear of disabling paralysis need deter us from recommending operation, as the head can be held erect even after the most extensive resection.
6. The most common combination of spasm is that involving the sterno-mastoid on one side and the posterior rotators on the other, the head being held in the position of sterno-mastoid spasm with the addition of retraction through the greater power of the posterior rotators.
7. It seems advisable in most cases to give preference to the resection of the spinal accessory as the preliminary procedure.

Action of Antipyretics on the Blood.

At the French Congress of Internal Medicine, recently held at Bordeaux, Henocque presented a communication on this subject. He began by pointing out that one of the antipyretics most in use, namely, antipyrin, has a powerful hæmostatic action. This property he claims to have discovered in 1884, in the course of some experiments with the drug. The hæmostatic action is local and its mechanism is vaso-constriction and retraction of the tissues, with formation of a minute clot which is extremely retractile and aseptic. Antipyrin has also a favourable effect on cicatrization. The action of antipyretics on the blood when administered in toxic doses may be summed up as a transformation of oxyhæmoglobin into methæmoglobin. A phase of anæmia or diminution of oxyhæmoglobin precedes the accumulation of methæmoglobin. In this period there is at the same time production and elimination of methæmoglobin; if elimination is hindered, or transformation is too rapid, phenomena of cyanosis may be produced which must be distinguished from those of the period of intoxication. These various phenomena may be studied hæmatospectroscopically, and the influence of antipyretics on the activity of reduction of oxyhæmoglobin, that is to say the energy with which changes take place between the blood and the tissues will be recognized, and the influence of antipyretics on the activity of elementary oxydations will be determined.

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Forced Feeding in Consumption.

Ever since Dujardin-Beaumetz recorded his observations on forced feeding or gavage, its importance has been generally recognized by the medical profession.

Unfortunate, to force food down a man's throat does not insure its digestion and consequent absorption.

If we would supply the waste of this dread disease we must go a step further, and it is a recognition of this fact which has attracted so much attention to the subject of artificial digestion.

Once digest food, whether in the body or outside of it, and Nature will look after its proper disposition.

Artificially-digested foods have not, up to the present time, been a success, for the simple reason that they are unpalatable, but in Paskola, which is now being so extensively advertised to the medical profession, this objection has been entirely overcome.

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My experience with Sanmetto is quite extensive. I could give special cases in which its action was simply astonishing, but in this report I wish to summarize my experience by saying I have given Sanmetto a long and thorough trial in a case of chronic cystitis, accompanied with stricture, the result of which warrants me in saying Sanmetto is unsurpassed by any other preparation with which I am acquainted. Its effects are prompt and positive.

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Clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

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DIETETIC NOTES.

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Epilepsy and Its Relation to Insanity.

Dr. Gowers has (Transactions of the British Medical Association) pointed out that the knowledge needed for the discernment of the relation between the two diseases can only be obtained from the side of insanity, although what information it is that is wanted can be only clearly perceived from the side of epilepsy. To supply it, however, associated effort is necessary. Restricting the question to insanity and idiopathic epilepsy, both maladies must be regarded as affections of the cortex of the brain, although we have no knowledge of the changes which underlie them; but if the recent progress in histology and physiology can be trusted we have not yet looked in the right place. Attention has been fixed on the nerve cells, but it is in the spongy grey matter between the cells that the affections must arise. Here we have not yet reached the recognition of normal structure, much less of pathological change. Hence our present study can be only clinical. The hereditary relationship between the two diseases has yet to be worked out from the side of insanity, and this is one of the questions most urgently needing combined effort. The frequency with which insanity can be traced in the families of the epileptic is approximately known; all facts, however, regarding inheritance are below the truth. It is interesting to note that in the series of 1450 cases analyzed for the first edition of "Epilepsy" inheritance was traceable in 35 per cent., but in another series of almost the same number, recently analyzed for a forthcoming edition, the percentage rises to 44.5 per cent. This is because a larger proportion of the cases were seen in private, and in them the facts of heredity can be far more certainly obtained. When these private cases are separately considered the proportion of heredity rises to 48.4 per cent., so that at least one-half the cases of epilepsy are inherited. This shows the importance of discriminating the source of information in the facts regarding insanity in each series; the inherited cases, considered separately, furnish, as would be expected, the same proportion of cases of insanity in the family. It was met with in one-third. Epilepsy existed alone in two-thirds. No information can be given regarding the character of the epilepsy in cases with insane heredity, but far more important is the information which should be forthcoming from asylums regarding the cases of insanity in which there is a family history of epilepsy.

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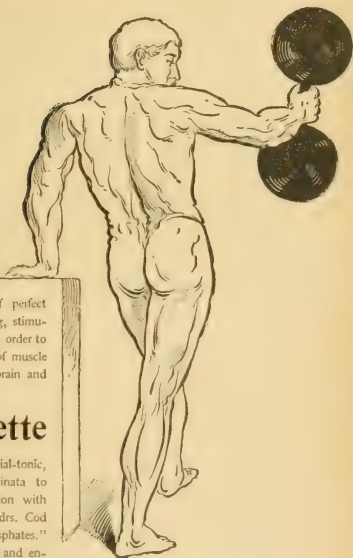
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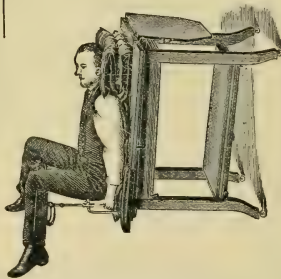
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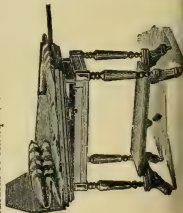
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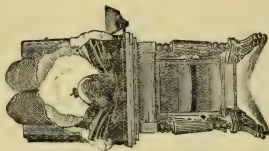
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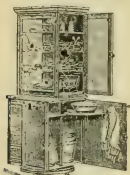
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- 2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
- 3rd. Obtaining height of 39½ inches—Fig. VII.
- 4th. As strong in the highest, as when in the lowest position.—Fig. VII.
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Fig. XVII—Dorsal Position.

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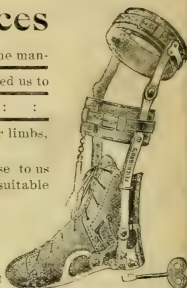
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The Charlotte Medical Journal.

VOL. VII. CHARLOTTE, N. C., NOVEMBER, 1895. No. 5.

✓ Notes on a Unique Case of Anuria--Recovery.

Read before the Laurens County, S. C., Medical Association, July, 1895.

By T. L. W. BAILEY, M.D.

Reported Expressly for this Journal.

In submitting the notes of this case to the profession, it is with no little apprehension of mine, of the very symptoms of the case being refuted by many of its readers, for it being daily, under my observation, was hard to believe; therefore the facts of the case, which I wish to bring to your notice, is very true indeed, and this article is not submitted to you to employ your valuable time in listening to it, nor mine in writing, for the sake of "news writ," but hoping that it will be considered, and if there is a new idea, or a specific to revert the condition of the symptoms, in a similar case, we will then have never regreted placing the notes of the case before the medical profession.

It was the latter part of September, 1894, when Dr. J. W. Young and myself was called to see a little girl, A. F., aged 13 years, an inmate of Thornwell Orphanage at this place, and will say that during her continued illness nothing was spared to make her comfortable and bring about recovery, if such was possible. She had a great advantage over a patient in private practice on account of having special nursing and care.

She had been feeling languid and despondent for a few days, slight headache, loss of appetite, coated tongue and restless sleep.

When we saw her she had retired to bed, and was suffering with great nausea and vomiting. She suffered with pain in lumbar region, down the hips to the knees. We tried to control the great nausea, and the ordinary remedies were given, but everything proved of no avail, and the persistent nausea lasted several days, and finally was relieved.

These days of nausea she had little rest, but afterwards she had intervals of nice rest. The pains in lumbar region alluded to persisted for a week. A mercurial had been given, and after its well acting, the premonitory symptoms with the pains subsided, leaving the stomach though in a condition that it could not retain anything, even revolting from the very odor of food, or sight of medicine; so rest was granted for a number of days longer, hoping that the blandest food, in the smallest quantities, might soon be given, but even later she would not retain it.

The mild fever at the onset now had subsided, the bowels acting, but the kidneys seemed sluggish and the urine became scant, only a few days now, and the urine became totally suppressed, our attention was called to this symptom, and as one remedy after another failed to correct the condition, it was only left for us to continue with untiring efforts to succeed, and why need we rehearse the treatment here, for it was a failure to accomplish our desire; therefore, gentlemen, we will only hasten to employ your time, with the symptoms of the case, just as it occurred to us from day to day.

The total suppression of urine began October 10th, the stomach still could not retain medicine of any kind. We made use of local means—all possible. The catheter was used, but there was little secretion, it was therefore useless, and subsequent usages of it failed to obtain any. We made analysis of last amount obtained and found it normal in every respect.

At this date it seemed evident that she must be nourished in some way. The very odor of any victuals still was repugnant to her, so we decided to give a predigested food, and prescribed Liq. Peptonoids with Coca, and we were pleased to note that she could retain a minimum quantity of it, increasing the quantity later, until an amount was reached sufficient to sustain her. We also helped to fortify her with rectile nourishment of sweet milk, beaten egg, etc., but this plan seemed to do little good, because there was no assimilative power there, in her case, even a fresh glycerine suppository inserted, and allowed to remain a number of hours, passed whole. After being satisfied that the nourishment per rectum was of no good, it was discontinued.

At this stage she had a peculiar craving for sweets, such as candy, sugar, etc. If too much was taken it would act promptly as an emetic, and she would take more at once. As this would help to nourish her she was allowed to take it as long as she liked.

After continuous futile efforts was made in regard to general treatment, to act on kidneys, we suspended the general order, and gave Lithia water as much as she would take, being two or three pints a day, and the Peptonoids.

A number of able counsel had seen the case, but the desired end had not yet been reached, therefore she was watched with the greatest anxiety, fearing that at any time serious uræmic symptoms might develop. Exploration per catheter was occasionally and continuously used, but still of no avail, and the bladder was watched by percussion and palpation. The fault seemed to be with the kidney, as there was no secretion in the bladder, and yet the analysis of urine at last examination was normal.

As we now and again had flushed the lower bowel with enema, we feared a fistulous opening per rectum. Exploration for this and found none. The peptonoids and Lithia water was continued. This diet was

so assimilable that there was no residue from the bowels, consequently no action, and when the enema was given to cause an evacuation from the bowels the clear fluid alone passed away, and finally the enema was abandoned as unnecessary.

November 1st. Same diet. Heart and lungs acting normal, general features and countenance good. Bowels do not act, no urine since October 10th, no sensible perspiration since her attack, extremities cool every morning. Rests fairly well at night. No oedema whatever, no fever, little nervousness, some hysterical symptoms. Patient watched carefully, and instructions given to nurses: "Too much care and watching could not be given for fear patient was attempting some way of deceit," notwithstanding great precautions was already being taken.

Patient was not allowed to be alone day or night, the nurse slept in the room, and room left in a condition so that patient could not possibly have any advantage of deceit, should nurse fail to awake.

Day after day we expected the urine to secrete, or new symptoms to develop. Finally, December 12th, it was noticed that patient had something in the region of the bladder. Catheter was used and she passed about 8 oz., the first since October 10th. Chemical analysis was made, and again found normal.

Up to this time the patient seemed to hold her own physically, comparatively very well, no ill symptoms had yet developed. She is still retained wholly on the peptonoids and Lithia water, and the treatment is not changed, as there is no bad symptoms to arise.

I will state here that it was the latter part of December that the President of the Institution received the "Electropoise," "*said to oxidate and enliven the blood, and invigorate the secretory organs.*" He suggested to use it with her. We submitted the use of it, for the remedies up to date with us had failed. So it was continuously used by its direction. After its use for three weeks the patient passed a large watery, billious action. We would hardly think this excretion due to the use of it, rather think it occurred from natural secretion after so long a time, from action of liver, for it gave no action to kidneys at all.

It might be of casual interest to state position of patient in bed during illness. It was about the same all the time, dorsal recumbent, feet and legs extended, head slightly raised, right arm across breast, left arm across forehead and eyes, as if she was "shamed faced," or the light hurt her eyes. She did complain of light, shading eyes relieved them. She continued to be melancholic all the time, peevish and fretful voice, though talked very little. Very quiet in bed even when she was not asleep.

February 1st. It had been since December 12th since any urine passed, so we concluded to renew the hot *immersing* bath, that had been discontinued two months previous, and since then had used sponging, so there was no chance to void urine in bath. So these baths were kept up

a few nights, though she had become so weak that she could not lift herself alone. So it became still less evident that there was any deception, should she have had the best opportunity. A few nights after these baths she hastily called her nurse, and before she could be raised she passed a quantity of urine estimated at about 8 ounces.

The Peptonoids and Lithia water was continued, also the "Electro-poise." It was very remarkable how and why she lived, not a symptom of uræmia developing. It was the first of March before she passed her urine again, very scant however.

She at this date looked comparatively well to have lived on almost exclusive predigested diet, though she was weak and helpless. From day to day now she began to excrete urine scantily, her bowels acted also. A little sul. magnesia was given her, and now we began to insist on her taking some liquid diet from the kitchen. She first taken some fruits, as grapes, oranges, figs, etc., also tapioca, and later, on 10th of March, some soup, oysters, broth, etc. Then the kidneys began to secrete and the bladder to act. She, of course, now began to improve, and in a few days she began to sit up. She was so weak that she could not stand alone, and was helped about the room; taken more nourishment, such as chicken, tomatoes, gruel, etc.

The spring sun seemed to invigorate her, and it occurred to us as if she had been hibernating all this winter, for truly the vital organs had been at rest, save the heart and lungs, and it seemed it took only the balmy sun of spring to enliven her.

I trust that you, gentlemen, will kindly consider these remarks, and advance some idea how such a case could exist and live so long, without serious symptoms—as to death. Have you had such a case? and how would you treat it?

In her diet during this long period, did what she eat fail to have the elements that, when taken into the system, would form uric acid compounds, or any compound that would produce toxic effects if not promptly eliminated by the system? We know that a great amount of elimination is carried on by the skin, though insensible, but not once did we detect the odor of urine on her garments or bed clothes, nor but a few times did she have "sensible perspiration" during her illness.

From March 1st, 1895, she has continuously improved, all secretions acting normal, except menses, not established, and after being helped about till she became strong, she has had no trouble since, enjoyed good health and grown as strong as ever. Her menses has not yet been established.

She has not received medical attention since she was dismissed, up to the date of this paper.

Clinton, S. C.

The Brain.

By J. A. REAGAN, M. D., Weaverville, N. C.

Written for The Charlotte Medical Journal.

In my opinion the brain, like electricity, is not yet thoroughly understood. We are constantly learning something in regard to the phenomena of each of them.

I see a short editorial in the September 21st number of the Journal of the American Medical Association which says: "A woman was shot with a pistol while in bed, and it is said she rose, spoke to her husband, and made her way to the rear porch. The prosecution claimed, and brought medical testimony to support the claim, that with such a wound she could not have walked or talked as she was said to have done." Now with my limited knowledge of the brain I could not have indorsed that testimony even if it were experts who gave it.

Just before the close of the last war a company of Federal soldiers passed my home and asked me if there were any rebbles in that section. I told them I supposed they meant soldiers. They said they did. I told them I knew of none. The officer then asked if one had not passed some time before. I said yes, Lieutenant Smith had gone down the road. He said he was dead, that they had killed him some mile back. As soon as they passed I started in search of Smith. When I found him he was sitting on a log in the woods some fifty yards from the road. He was shot in the forehead, the bullet entered the left lobe of the brain. He was also shot in the side, and right arm. His mind was clear and remained so for two days and nights—up to a few hours of his death.

The brains worked out at the bullet hole so freely that I put an adhesive plaster over it, and bound it to the place. He lost at least half an ounce of brains. This was certainly as bad a case as the woman named. He was left for dead; got up and walked some distance to the log, and could talk and give all the particulars of the shooting, and talked up to a few hours of his death.

Again, a boy some fifteen years old was looking in the muzzle of a loaded pistol and it went off, the bullet passing inside the skull near the nose, just missing the eye ball. When I saw him he was breathing four times in a minute, very stentorous; unconscious, and looked as if he was dying. I put mustard over his heart and extremities—gave him an enema of whiskey, had him rubbed well, and finally got up reaction. I then cut above the eye brow, turned it down and examined the entrance of the ball. I closed the wound hoping that the ball might ultimately work down so that it could be removed. His mind was unaffected, but there was slight paralysis of the left arm and leg for a time.

The case of the man who was blasting rock, and tamping with an

iron rod; the blast going off; the rod passing through the head, and his recovery, is known to the profession.

These cases show what the brain may suffer, and the man live, but there is another side to this question. That is, how slight a wound may kill. I believe it was Professor Gross who was trephining a man before a class, and warning them to always be careful to draw the point back. He, with all his care, failed to draw it back far enough, and the point entered the meninges very slightly, and the man died on the table.

With these facts, and many others that might be adduced, ought not physicians, even experts, to be careful how they testify in cases where the brain is affected?

There are peculiar idiosyncrasies, as well as peculiar circumstances, and conditions of the system, that seemingly impossibilities are performed, and peculiar actions accomplished, that can not always be accounted for on physiological scientific principals. Then it seems to me that in giving testimony the physician should weigh his words well before he makes a positive assertion.

Should Inebriates be Punished by Death for Crime?

By T. D. CROTHERS, M. D., Hartford, Conn., Superintendent Walnut Lodge Hospital, etc., etc.

Written expressly for this Journal.

It is a common error to suppose that law and its practice, and the facts and theories of science generally accepted to-day, are final and fixed truths. The fact is not often recognized that theories, creeds, and laws, and their application to the events of life, are only human conceptions of truth. Hence the demand for change and readjustment of the relations of life to conform to the new truths and new facts constantly appearing. Whenever human conduct, thought, and law fails to adapt itself to these new conceptions of life, great injury and loss follows.

The treatment of insanity, medically and legally, has totally changed from the past century. A better knowledge of such cases has demanded an adjustment of theory and practice to conform to the new views. The armies of the lawless and defective are no longer concealed by the fogs of superstition. Their origin and march are growing more and more distinct with every advance of the age. The hosts of the insane have been outlined and traced; the idiot has appeared as a growth from distinct causes; the epileptic has emerged from the theory of being possessed with an evil spirit; criminals are found who are not deceitful and desperately wicked, but the direct products of conditions of life and living; the inebriate, who for ages has been the subject of ridicule and punishment, comes into view as defective and diseased. Thus, from the front lines of advance come new facts, new views, requiring new laws, new adjustments of the theory

and practice of yesterday to meet the clearer, wider knowledge of to-day. The farmer must put aside the old implements of his fathers; the merchant must use the telegraph and telephone because correspondence is too slow; the practice of the courts, the theory and treatment of diseases, the teaching from the pulpit, are all changing. The spirit of the age questions and demands reasons for the theories and practices of to-day. It inquires if our methods and theories are destructive or obstructive in the race march from the lower to the higher. My purpose is to show that the death penalty, as a means of punishment for inebriates is opposed by all teachings of science and experience, and should be superseded by other means based on a more accurate knowledge.

An outline view of the present legal methods of dealing with inebriates who commit petty crime will make clear both the destruction and obstruction which follows from the failure to comprehend and utilize the facts which science and experience teach.

Of the estimated half million inebriates in this country, ten per cent. are yearly convicted of crime of all degrees. Of this number, two per cent. commit capital crime, and one per cent. of this number, or about one hundred persons, are executed every year. These statistics are only approximate estimates, but they illustrate in a general way the extent of inebriety, and how far the courts are called to restrain and check it. A study of the local statistics show that in every town and city of this country a large part of the business of courts of justice is the legal punishment of inebriates. The inmates of jails and prisons who are inebriates are variously estimated from fifty to eighty per cent. of the whole number. Year after year the courts administer the same treatment of fine and imprisonment for both inebriety and crime, and yet the number of inebriates is increasing. When this fact is studied, it appears that a species of fatality seems to follow the first legal punishment of inebriates, seen in a repetition of the same offense and the same punishment, with an ever-increasing frequency. In the courts these are called "repeaters," and the number of sentences of the same man for the same crime in some cases extend into the hundreds. In one thousand cases confined to Blackwell's Island, nine hundred and thirty-five had been sentenced for the same offense from one to twenty-eight times before. This fatality seems to start with the first sentence and punishment; and the victim is precipitated lower and lower, becoming more degenerated and incapacitated, until finally death follows in prison, the insane asylum, or alms-house.

The natural history of such cases is continuous punishment for inebriety, assault, theft, burglary, and petty crime, and finally murder. Each period of punishment is followed by the same or more aggravated crime. The intent and purpose of the law is defeated, and this means of treatment both directly and indirectly increases crime and prepares the inebriate for worse and more hopeless states. The courts and prison officials are

powerless, public opinion sustains the law and demands its execution irrespective of all consequences. The poor victims punished to-day reappear to-morrow, under arrest for the same or a worse crime. The severity of the punishment makes no difference. The inebriate who, under the influence of alcohol, commits assault to-day, will do so to-morrow, and next year, and so on, as long as his inebriety continues. No legal punishment of fines and imprisonment can stop him. These facts are sustained by the experience of all courts and prison officials. They are also equally true in the death punishment of inebriates for crime.

When the crime is the direct or indirect result of inebriety, it is only the natural outcome or logical result of conditions of brain disorder and surroundings. The assumption that inebriety is always a voluntary condition within the control of the person, is a most fatal error. On this error is based the death penalty.

Its practical failure is apparent in the increase of capital crime by inebriates. The inebriate who has been arrested for petty crime while intoxicated many times before, finally commits murder in the same condition, and is executed. His friends and companions do the same thing and suffer the same penalty. Thus one brutal murder committed in a state of intoxication is followed by another equally brutal, and the execution of the murderer makes no diminution in the number of similar crimes that follow. In every daily paper appear records of the same murders by inebriates under the same circumstances. A wave of public vengeance may dispose of the criminal by lynch law, or only be satisfied when he is hung, but the same murders are committed again by the same class of men. This is only the repetition of the same blunder of fining and imprisoning inebriates for inebriety and petty crime. In both cases the victims are destroyed and similar offenses are increased rather than diminished. In one case imprisonment and fines make the inebriate more incurable and less capable of change of life and living; in the other, the execution of the inebriate leaves a brutalizing, combative influence and a form of contagious glamor that defective brains are powerless to resist. These are the facts which experience and observation fully confirm, and which the latest teachings of science explain and point out.

To-day it is known that the action of alcohol on the brain and nervous system is anæsthetic and paralyzant. The use of alcohol to excess at intervals or continuously always numbs and paralyzes the higher operations of the brain; the over-stimulated heart reacts and depression and feebleness follow. All the senses are disturbed and become more or less incapable of transmitting the impressions which are received. The brain is incapable of accurately comprehending the nature of acts and the relation of surroundings when under the influence of alcohol. The palsy which follows from this drug masks all brain action. Delusions of vigor and strength appear; events and their consequences and motives and con

duct are all exaggerated, misconceived, and misinterpreted, and the brain is unable to correct them. The pronounced delusions, illusions, delirium, mania, imbecility, and stupor seen in states of intoxication are only the advanced stages of brain conditions which begin with the first glass of spirits. The early changed conduct and speech of men who use spirits are the first symptoms of the paralyzing action of alcohol. More spirits are followed by more paralysis, and finally all judgment and experience and all distinctions of right and wrong, of duty and obligation, are confused and unreal. The supposed brilliancy which follows from the use of spirits is unreal and transient—it is the glamour of the mind which has lost its balance and is unable to correct itself.

No other drugs are known whose paralyzing effects on the higher brain centers are so positive and insidious. The inebriate and moderate drinker have always impaired brain force and nerve power. The automatic nature of their life and brain-work may cover up this fact; but change the surroundings and demands on the brain, and its incapacity appears. Every toxic state from alcohol more or less permanently impresses and debilitates brain integrity.

The fear of the law and consequences of acts make little impression in such cases. The brain is anesthetized and crippled, and cannot realize events and their nature and consequences. The crime committed by an inebriate cannot be the act of a healthy brain. The more pronounced his inebriety and the longer its duration, the more positive the disease and incompetency to reason and control his acts. The effort to fix a point in all disputed cases where sanity and responsibility joins insanity and irresponsibility is an impossibility which every advance of science demonstrates. It is equally impossible to use alcohol to excess for years and have a sound, normal brain. It is impossible in such a case to fully realize the nature and consequence of acts and obligations. It is a legal fiction to suppose that a crime committed while under the influence of alcohol was the voluntary act of a sane man. It is a legal fiction to suppose that a sane man would plan a crime, then become intoxicated for the purpose of executing it. It is a legal fiction to suppose that premeditation in crime committed by inebriates is evidence of sanity and consciousness of his acts. These are some of the facts of science which bring additional evidence of the error of capital punishment in such cases.

A study of the crime committed by inebriates amply confirms the fact of brain incapacity and disease. Thus in cases of capital crime by inebriates, delusions, illusions, morbid impulses, and epileptic explosions are common symptoms. In many cases capital crime is the result of peculiar circumstances and sudden strains on the enfeebled brain, or the possession of a morbid impulse, a delusion, or illusion that suddenly dominates the mind; also epileptic explosions, that are real attacks of maniacal fury and unreasoning. Alcoholic somnambulism or trance is

present in many cases. The mind in these cases is oblivious to all outside influences or considerations and is subject to every passing impulse that may come from either external or internal causes. At the time no general indications of unconsciousness may be present, yet a certain automatic line of conduct and history of crime give clear hints of brain enfeeblement. All crime by inebriates will be found associated with concealed or open delusions, morbid and epileptic impulses, and sense deceptions. In all these cases the brain is unsound and cannot act rationally and clearly.

There are present in these cases either insanity of inebriety or the inebriety of insanity. The inebriety of the prisoner has merged into insanity, or some concealed insanity or brain degeneration has developed into inebriety or dipsomania. The death penalty to such cases has no horrors. It is rather welcomed. The struggle for life is the attractive publicity that makes a hero of the man, and the mystery of the end of life intensifies the interest to the last moment.

A summary of the facts we have outlined would sustain the following statements :

1. The legal treatment of insanity has changed in obedience to a more accurate knowledge of the brain and its diseases.

2. The legal treatment of inebriety is unchanged to-day. Although it occupies two-thirds of the time of courts, all teachings of science and a larger knowledge of the inebriate and his malady are ignored.

3. The ruinous error of punishment by fines and imprisonment of inebriety, and petty crime associated with it, which notoriously increases and perpetuates the inebriate and criminal, is a fact demonstrable in every community.

4. Thus public opinion, through mediæval theories and laws, are training and preparing a class of inebriates who first commit petty, then capital crime, with a certainty which can almost be predicted.

5. The death penalty for such crime utterly fails for the same reason. The execution of any number of this class simply opens the door for an army already prepared and trained to take their places.

6. From a scientific study of these cases, it is clearly apparent that they are diseased and incapacitated to act sanely. Alcohol has palsied the brain and made them madmen. The very fact of continuous use of alcohol is evidence of mental impairment and unreasoning act and thought.

7. To hold such men accountable for their acts, and by punishment expect to deter them from further crime, and by such punishment check others from similar crime, is an error which both scientific teaching and experience point out.

8. The object of the State, through the law, is to protect society and

the individual ; but if the execution of the law-breaker fails to accomplish this end, the laws are wrong.

9. The unfounded fear that the plea of insanity in crime, and the failure to punish, is an encouragement for further crime, is flatly contradicted by statistics.

10. Among the mentally defective, the insane, and inebriates, the death penalty is followed by an increase rather than a diminution of crime.

11. The inebriate should never be hung for crime committed while under the influence of alcohol.

12. This method of punishment is never deterrent, but furnishes an attraction for other inebriates who commit similar crime in the same way, following some law of mental contagion.

13. The inebriate murderer should be confined the rest of his life in a military work-house hospital. He should be under the care of others, as incapacitated to enjoy liberty and incompetent to direct his thoughts or acts.

14. A change of public sentiment and law is demanded, and a readjustment of theory and practice called for. The criminal inebriate occupies a very large space among the armies of the defective who threaten society to-day, and his care and treatment must be based on accurate knowledge, not theory.

15. Inebriate murderers should never be placed on public trial, where the details of the crime are made prominent or the farcical questions of sanity are publicly tested. They should be made the subject of private inquiry, and placed quietly in a work-house hospital, buried away from all knowledge or observation of the world.

16. The contagion of the crime and punishment would be avoided, and his services might repair some of the losses to society and the world.

The Blood in Malaria.

By WM. MOSER, Brooklyn, N. Y., Pathologist to St. Catharine's Hospital, etc.

Written for the Charlotte Medical Journal

Since the discovery of the plasmodium malaria by Laveran in Algiers in 1882, and since the investigations of Marchiafava, Celli and Golgi in the study of the life history of this parasite, the literature in reference thereto has been gradually accumulating. And yet it seems strange, now that thirteen years have elapsed since the discovery was made, that we have been unable to demonstrate this parasite outside of the blood, outside of the human organism. And when we review the literature on this subject we find that the plasmodium is described as small bodies usually having their habitat within the red blood cell, sometimes these bodies are extra-corpuseular, sometimes pigmented, at other times not, and that these

bodies grow and develop within the cell, that they assume various shapes, i. e., rosette-shaped, crescent, etc.' that their morphology vary in different stages of the disease, and that in the atypical pernicious malaria of the Italian investigators oval, semi-lunar, crescent-shaped, scythe-like, flagellated bodies, etc., occur. Thus Gunther (Bakteriologie, p. 212) says:

"Es giebt aber andere Fieber, atypische, perniciose Fieber bei denen die Anfälle nicht regelmässig kommen, bei denen die Temperatur keine Intermissionen, sondern mer unregelmässige Remissionen macht, die gar nicht oder schlecht auf chinin reagiren, und die häufig zu der gefürchteten Malaria—cachexie führen. Hier ist auch der Plasmodien—die oben genannten (referring to the small round bodies, rosette-shaped, etc.) Formen, aber ausserdem sichelförmige, halbmondförmige, sowie ovale Körperchen, deren Naturgeschichte noch wenig bekannt ist."

According to Thayer the flagellated bodies or parasites may be seen in all varieties of malaria. And most observers admit that the life history of these oval crescent-shaped, flagellated bodies, etc., still remains obscure, since we are unable to demonstrate them outside the blood. This polymorphic parasite then, according to Laveran, Marchiafava, Celli, Golgi, Manson, Thin, Thayer, etc., attacks the red blood cells, destroys them, the hæmoglobin becoming transformed into melanin. This melanin constitutes the free pigment, long since observed in malarial blood, and employed for diagnostic purposes, before the theory as to the parasitic nature of malaria had been advanced. But when Laveran announced his observations in 1882 we knew nothing of the amœboid movements of the red blood cells, their inherent contractions, in short their protean life manifestations.

Investigators saw bodies in the blood of varying shape, undergoing active amœboid movements, and regarded them as parasites, being unaware at the time that the red blood cell itself too, manifests this property of amœboid movement. To be brief the writer believes that these oval, semi-lunar, crescent-shaped, flagellated bodies, scythe-like bodies and other irregular bodies exhibiting amœboid movement in malarial blood is nothing more or less than the red blood cell itself, which, owing to some poison, some *materies morbi* in the blood become active, and retain this activity outside of the body; that the red blood cell is not destroyed by parasites, but by some noxa of unknown origin, and that by this means the cell degenerates, and its hæmoglobin becomes transformed into melanin, rather than through the action of parasites. I have seen cells in malarial blood containing small round bodies, and irregular shaped bodies, which I regarded as degenerations products, and not infrequently saw one cell not in, but on another cell, the one exhibiting active amœboid movement while the other cell in which it rested remained in a passive condition. The mobile cell would become so altered in shape as to be mistaken for a parasite. And in reviewing the literature we not infrequently see

illustrations of a red blood cell in its ordinary passive condition, i. e., round, containing irregular shaped bodies exhibiting amœboid movements. But these irregular bodies in the cell is simply another cell undergoing amœboid movement and is not in but on the cell, and may, of course, pass from the cell and return to it again.

Let us examine the sketches made by a man who is disinterested in the subject, but well skilled in sketching and endeavors to reproduce what he saw under the microscope under my directions. I have studied the amœboid movements of the white blood cells in man and some of the lower animals, and any one who has seen a picture in any good text-book of an amœboid process like as they occur in the white blood cells (see Dalton's Physiology in which the amœboid prolongations of the white blood cells of the newt are shown and compare them with the prolongations sent out by the red blood cells as seen in the cut).

In series No. I. we have an irregular body in a red blood cell. I say "in" because apparently it is in, but in reality it is on the cell, and is merely another red blood cell undergoing amœboid movement.

It is not always easy to discriminate between an intra-corpuseular or peri-corpuseular body. The adjoining sketch is that of two red blood cells in which the lower one has sent out two amœboid processes.

In series No. II. the first cell shows two processes quite distinct and irregularities in its contour dependent upon inherent contractions during life.

In this series the next four cells show the changes in shape which took place within $1\frac{1}{2}$ minutes which is fairly active.

The next cell in this series is so altered in shape and exhibited slow yet distinct contractions under the microscope and may readily be mistaken for a parasite. The remaining two cells are degenerated red blood cells, and the protoplasm is so altered in appearance as to suggest some parasite within it, but in reality contains none.

In series No. III. we see a red blood cell with a distinct amœboid process, and below No. 1 of this series is a red blood cell only slightly altered in shape, and so far as I could determine microscopically remained inactive, while to the left we have three cells also stationary. The cells marked from No. 1 to 5 is one red blood cell undergoing amœboid movement, and within three minutes it moved across the field using the other cells, i. e., the inactive cells in the field, as the guide.

In series No. IV. we have first a cell undergoing amœboid movement; second a cell with a crescent-shaped body in it, which is not a parasite, but a degenerations product. The third cell is one containing an oval body, which too I regard as a degenerations product, rather than a parasite, and the last cell of this series shows a peri-corpuseular body which is moving, and which I regard as another red blood cell manifesting that

physiological property of which we knew nothing when Laveran made his observations—the property of inherent motion which these cells possess.

In series No. V. we can get an idea how polymorphic the red blood cell is during activity, how protean it is in its life history, and how active it may move. The different changes in shape which we have here depicted occurring within 45 seconds. The next three cells showing changes in contour of the cell within 30 seconds. The following five cells in this same series show very prettily the amœboid process, at one time sending out only one prolongation, at times two, then again three or more flagellæ. Are these the flagellated bodies of previous investigators and supposed to be part and parcel of the life history of a parasite—the plasmodium malaria? If not, what constitutes the flagellated parasite, demonstrate it outside of the blood, and let us know what relation it bears to the disease, and I believe that this demand is only reasonable since we know that the red blood cell itself manifests analogous properties, and is as polymorphic in its life cycle as the supposed parasite. As previously stated there must be some noxa in the blood which stimulates the red blood cells to activity and causes their destruction.

In series No. I. and II. the blood was examined twenty-four hours after its extraction from the body, and still showed a few cells manifesting physiological activity, motion, in one word, manifesting life.

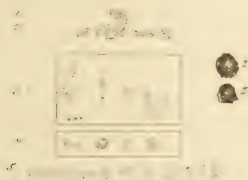
In series III., IV. and V. the blood was examined fresh, and most cells in the field were active, the process, the “flagellated parasite” almost invariably moving, if not under ordinary conditions it will do so if placed on the warm stage. The red blood cell does not manifest these varied phases ordinarily, simply because they require a stimulus, which we have long since known to be the case with the white ones, i. e., heat, acids, etc., except in cold blooded animals where the white cells exhibit motion at the temperature of the air.

If the red blood cells manifest this activity in malaria, and retain this activity without being kept at the temperature of the living body for 24 or more hours, why do not the white blood cells do this too? I must confess my inability to answer this. The fact remains that the white cells remain in a passive condition, and I have, after a large number of examinations of malarial blood, failed to detect any movement in them—unless heat was applied. In all my investigations then, relating to this subject, I examined the blood without the warm stage.

The micro-photograph shows two red blood cells, the upper one showing the peculiar serrated contour so frequently seen in malarial blood, and these cells not infrequently exhibit a peculiar to and fro motion if closely observrd, and they not infrequently contain small round bodies, sometimes dark, sometimes light, which have been regarded as parasites, (vide photograph below, No. II.) but which I am inclined to believe are caused by contractions in the protoplasm of the cell.

When we review this whole subject, a suspicion arises that we may have confounded the life manifestations of the red blood cell, with the life cycle of a parasite—the plasmodium malaria of Laveran. The cells were usually most active if the blood was taken during a chill, in one patient, however, I repeatedly examined the blood in the intervals, and almost invariably found a few cells exhibiting contraction. In this case quinine had been administered, but was ineffectual in mitigating the symptoms, nor did it render the cells inactive. In three other cases the cells were rendered passive, as we ordinarily see them, and the patients got well, or at any rate the symptoms disappeared for the time being. It is true that in malarial blood the red cells vary much in size, some being only one-third the size of the cell, as we ordinarily see it, while again it may be twice or thrice the usual size. These cells constitute the microcytes and macrocytes of different authors, and may be seen in pernicious anemia, where the macrocyte is at times nucleated—the so-called megaloblast or erythroblast of Ehrlich. Macrocytes have been seen by some observers in Beri-Beri and other conditions, while microcytes, i. e., the small red blood cell may be seen in nearly every specimen of blood. In short these variations in size of the cell are not peculiar to the malarial fevers.

158 Ross St., Brooklyn.



I refer the reader to previous references to this subject:

1. N. Y. Medical Record. Have the red blood corpuscles a nucleus? 1893.
2. N. Y. Medical Journal. The Pathology of Pernicious Anæmia. July 21, 1894.
3. N. Y. Medical Record, August 11, 1894. Have the red blood cells amœboid movement?
4. N. Y. Medical Record. Leonard's method for detecting cell motion, August 17, 1895.
5. N. Y. Medical Record. Errare est humanum, or which is which? 1895.

In New York recently several milk sellers, convicted at the instance of the health authorities of adulteration, have not only been fined but imprisoned. It is stated that as a result the sale of adulterated milk has almost ceased.

Children--Their Troubles and Remarks on General Treatment, Especially Chronic Bronchitis.

By EARLE GRADY, A. B., M. D.

Written expressly for this Journal.

It seems to me that in most of our medical courses too little stress is laid upon that very important subject—Pædiatrics. There are generally fewer lectures and clinics given on this especial branch than any other, and students, as a general rule, and in consequence, take the least interest in the same.

While, of course, there may be some seemingly good reasons for the above, yet when we look at the cold fact staring us all the while in the face, that to be a successful practitioner, or to establish ourselves in any family as their consultant physician, we must first gain both the heart and confidence of these little ones.

It is an almost every day occurrence for us to have this fact exemplified.

Recently, while conversing with a gentleman, whose child has been under my care, he made the statement that, as for himself, he did not care what kind of physician he had, as he was able to take care of himself; but when his wife, or children especially, were sick, he wanted not only the best, but also one in whom they placed perfect confidence.

I think, as a general rule, physicians who do not make a specialty of this work, are apt to be too severe in their treatment of young children; and follow too much the rules laid down by Drs. Young and Cordling for dosage, without taking in consideration the greater strength of certain drugs, and the different powers of resistance offered by these little ones.

And for this reason more than any other, Homœopathy has been raised from the state of oblivion in which it should be, to that of a rival school in places where it has a hold. In fact it has been my experience that very little medicine, but a very great amount of care, is the best means with children and their numerous ailments.

How often have I seen a little one with high fever, or great restlessness, due to the natural cause of teething, being allowed to diverge into an unnatural state from some error of hygiene or diet, promptly relieved by use of tepid bath, or proper regulation of diet.

Of course, there are certain times in which certain diseases call for prompt remedial treatment, and at such times most of us, I am afraid allow our zeal to overshadow our better judgment, and use the remedy too freely, forgetting the old maxim, "make the drug your servant, never allow it to become your master." And in that very fact lies the making of a successful practitioner or a failure.

We too often neglect the remedies nature has placed at our doors,

such as change of climate, diet, etc., and by so doing often lose an opportunity to avert a severe infantile intestinal trouble, and depend too much on our *Materia Medica*'s.

In this branch of our science, more than any others, Prophylaxis is our surest cure.

I have indulged enough in platitudes, and now will proceed to discuss one of the diseases we see in children, that of Chronic Bronchitis.

In most of our authorities this is put down as a rare trouble among children under ten, but as my practice consists mainly of those who have sought this climate for the relief of various derangements of the respiratory system, I see a great many children who have the above named trouble. Most of my patients among the children range in age from two to eight years of age and a large per cent. of them have inherited a tendency to pulmonary troubles; though some have contracted an acute Bronchitis, and by neglect it has been allowed to attain the chronic form. They present, in the main, the same chain of symptoms so often seen in those of riper years, and often, as in their elders, show an asthmatic complication, which by the way, is the most obstinate combination with which I have ever had to deal. There is the constant cough, mild, often absent during the day, somewhat severer in the evening, but violent on first awakening in the morning. Vomiting often, especially after eating, with a slight rise of temperature in the evening, sometimes going as high as 102° F.

They, if not contaminated with the tubercular condition, often present a healthy appearance, and at first sight show no signs of disease. They are very liable to exacerbations, and while in such conditions show all signs of an acute Bronchitis.

On physical examination we often find by percussion a slight emphysematous condition, but on auscultation we find the pathognomonic signs of that trouble, rales of all description are generally distributed.

I have had a large number of these cases under my care in the last twelve months, some of them when first seen showing rapid signs of decline and emaciation, others nothing to indicate trouble at sight. By repeated examinations of each of them I find that as long as the slightest trouble exists there are the constant auscultatory signs present, though in other ways the symptoms may have all disappeared.

Out of thirty cases of which I have kept a record, in only two have I seen, in the course of the year, a complete disappearance of all physical signs, but in all of them a marked improvement has taken place. My treatment is directed first to the hygienic; secondly, medicinal point of view.

As yet it is my personal experience that no medicine can avail much in these cases without proper climatic and hygienic conditions. But in

conjunction with them, proper and judicious medicinal treatment proves of inestimable value.

I have them all to wear flannels the year through—light weight, of course, in summer. Make them take all the out-door exercise feasible in good weather, strict attention to diet, and when the slightest tendency to an exacerbation is noticed have them put to bed and chest first anointed with a weak mustard liniment, using such a formula as

R	Olein Sinapas.....	qt. xv.
	Olein Sassafras.....	
	Olien Cedar.....	ss. i
	Spts. Vicii Recti.....	ss. iv.

And thoroughly wrapped in silk batting. I find this, as a rule, prevents any further trouble.

• Often the parents complain of the cough, but it is only necessary to explain to them that the cough is, to some extent, essential in order to remove the exudate, and that as the trouble is relieved the cough will disappear as a natural sequence, will generally suffice to allay uneasiness. But if the cough becomes very troublesome, beware of cough syrups and expectorant mixtures, as they will become a necessary evil from habit and end in upsetting digestive apparatus.

I find that an inhalant of

R	Tinct. Benzoin Co.....	ss. i
	Menthol Crystal.....	grs. v
	Ætheris.....	gtt. x
	Aqua Bulleates.....	Oi

Use with paper funnel and inhaled for 5 minutes generally relieves paroxysm, and children will take this as a plaything, and like to do it.

Dobell's solution is also an excellent inhalant.

I also find that small doses, for a short while, of ammonia chloride acts well, but do not like the carbonate of ammonia, as it may cause serious gastric trouble from irritation. Some advise the use of drop doses of oil of turpentine as good in Chronic Bronchitis. I must say I have found the same a failure.

For a general tonic nothing has succeeded better than the syrup of iod. ferri in my hands, and consider the same a valuable adjunct to the general treatment.

I think that with proper hygienic surroundings and climatic influences, with careful use of medicinal agents, this trouble, both in old and young, can, if not completely eradicated, be very materially benefited and prevent the circumvention of that dreaded trouble tuberculosis.

Foreign Bodies in the Uterus.

Albertin collects 24 cases. Two are original. In one case a laminaria tent remained nearly eleven months in the uterine cavity, and in the second a carbon rheophore was left behind, and did not come away for a week. In neither instance was there any symptom of irritation, and both the tent and the rheophore were expelled spontaneously.

✓
Membranous Dysmenorrhoea.

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Edgar J. Spratling
 Written expressly for this Journal.

This is a condition that confronts from time to time every medical man doing a general practice; and from it's very nature—the most excruciating pain and sterility being always two of it's most prominent symptoms—it's recognition and cure reflects credit and generally showers gratitude upon the physician who successfully battles with it. Though it's recognition and cure are ever so great credits to the medical man, a failure should not always bring condemnation; for nearly one half of the cases are unmarried women who refuse that close investigation that must precede a positive diagnosis, and of course that fact debars in advance any serious effort other than that at palliation. Cure under the circumstances being out of the question.

When ever we have presented us a patient who complains of severe uterine colic, attending a scanty flow at the beginning of menstruation to be followed by a sudden discharge of clotted blood and pieces larger or smaller, of membranous cast of the cavity of the uterus, we can feel assured that it demands a thorough examination, and such can only be given by an intra uterine investigation; and some times by the microscopic inspection of the membrane discharged that we may determine it to be the cast-off lining of the endometrium and not the effete decidua of abortion. The difference between the two is obvious; the decidua membrane being larger, thicker and more rounded upon the whole from the newly assumed shape of the uterine cavity in it's gravid condition; and there can usually be found the villi of the chorion; then too the cells and epithelium are larger and different otherwise than we find in the case of the membrane of menstruation. And usually less coagulated shreds of mucofibrin discharged with the former. The cavity of the body of the uterus is larger and the mouth more open as would be expected from the very nature of the first condition.

The pathology of the disease as known at the present time is about as follows: An exfoliation and expulsion more or less entire of the intra-uterine mucous membrane. This membrane is not changed by any new elements, but only thickened and hardened by the addition of some of the elements of the retained secretions. In normal menstruation it is fairly well settled that the whole lining under goes fatty changes, previous to its disintegration and elimination; while in this disease the amount of mucofibrin adherent to it's surface and infiltrated into it's substance, I believe, prevents those fatty changes and causes it to be thrown off in sheets and some times in solid casts. There is certainly no good ground for saying that it's pathological basis is inflammation; in fact the absence of any sub

jective symptoms other than those easily accounted for by the presence of the membrane would virtually exclude any thought of an inflammatory origin, for if there were previous inflammation there must needs be premonitory symptoms arising from it. I have found the uterine secretion always acid in this disease; that fact it will be remembered runs counter to the theory of the condition having its origin in an early arrested gestation, as gestation is hardly possible when the secretions are very acid. I have found very frequently either an erosion or eversion, or both of the os; the first due perhaps to the acidity just mentioned the second to partly, the pressure from within. Those patients strongly hysterical as would be expected, usually show an attack immediately following the dilation of os; especially if the menstrual period be nearly approached: this is no doubt caused largely by the psycho-pathological state of the patient, perhaps greatly influenced by the incident pain.

Now this condition is often found in those of a strong neurotic taint especially in hysteria and allied neuroses. Positively sexual cupidity, with its offsprings, masturbation and excessive venery, are according to my observation, frequent concomitant conditions if not actually accessory causes. In female masturbators the lips of the uterus are generally found to be enlarged and hardened from the constant titillation and the canal beencroached upon and contracted as well as lengthened the drainage of the cavity of the body is thereby impaired favoring by the aid of the retained secretions, the formation of characteristic cast; this being by gravity made thicker about the os, retards or nearly prevents the discharge of the menstrual blood till after that portion of the cast is expelled, thus giving vent to the tell tale flood of fluid and membrane, with the consequent partial relief from pain. It would seem that the part played by overneve excitation made so prominent by some authors is simply to increasæ the flow of the secretions, thereby adding material for the building and strengthening of the membrane. My opinions are based largely upon my observations of cases among among the insane, where opportunity for close an constant study of them is unexcelled.

One of the best marked cases was a young woman who had passed three abortions; the last six years ago. The neck of the uterus was found to be two and one eighth inches long, hard and resisting, with an extremely small canal, refusing to admit the smallest sound, necessitating the very cautious use of a filiform; and dilatation was clearly out of the question. The external os and lips were eroded; and after some manipulation of the parts a white gelatinous mass would be slowly exuded, the patient in seeming enjoyment. The whole cervix was amputated; the cavity of the uterus scraped out with a dull curette and packed with iodoform gauze; this dressing was renewed frequently. And the cavity was painted with tincture of iodine once after each of the three succeeding menstruations, being kept clean at all times by weak boric acid douches.

After six months her condition is in every way satisfactory; there has been no more membrane and no uterine colic.

Generally the cervix does not call for amputation; but the os demands only to be dilated and the cavity kept clean, while the systemic condition is being cared for.

Another case was an unmarried woman about twenty-eight years old who very nearly approached a state of collapse after each menstruation, the pain and systemic disturbance being so great. She was examined first during the state of pain before the flow had been fully established. The os was found eroded and everted and the canal with difficulty admitted the smallest sound. The patient objected most strenuously saying that the pain was unbearable; ether was at once given, and rapid dilatation to about five eighths of an inch performed, immediately there was a gush of clotted blood and membrane. The cavity of the uterus was cleaned and had instilled into it iodoform in dilute glycerine—it not being expedient, of course, to pack it at that time; this was repeated once a day for four days. There was no signs of collapse following this menstruation. This treatment was carried out at the three succeeding periods when she was discharged cured. It is interesting to note that this patient presented a well formed hymen, which required dilating previous to the above manipulations.

Of medicines that may prove of benefit in the treatment of this disease sodium bromide undoubtedly holds first place in relieving the nervous irritation and abnormal sexual excitement. The much extolled fluid extract of black willow buds is very disappointing. For the actual pain attending the effort to expel the membrane the anodynes may all be tried and let the patient choose; an anæsthetic being sometimes demanded. Constitutionally the iodides and mercury will at times prove beneficial. A large percentage of the cases will be found of a rheumatic diathesis according to my observations, and require the lithiates of the alkalies and alkaline earths; after a short time on this, the secretions will be found to have resume their normal alkaline reaction, and the erosion at the os, if present, will most likely heal spontaneously.

Locally the treatment must needs be directly corrective. Displacements and malpositions reduced, drainage perfected, polypi removed ulcerations healed and fissures repaired.

Upon the whole when the treatment is direct and vigorous the prognosis is good; but when the physician is hindered in his work by the timidity of false modesty of the patient only temporary palliation can be hoped for by medication. Pregnancy, when there is no other obstacle, can usually be accomplished after the successful treatment, and on this point the physician is often consulted most anxiously. In the unmarried the relief from the pain and consequent depression is the object sought and most gratefully remembered when secured.

Inoculation of Leprosy.

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Written for The Charlotte Medical Journal.]

The leproas stigmata or quality seek the neighborhood of light and free air, as all vegetables do, and therefore are located in such uncovered parts as the face, the hands, the forearms, legs and feet, where they are nearest to light and air that is to oxygen. Another proof that they tend to the most oxygenated parts is that the spots and tubercles appear first in greatest quantity in the convex and more vascular parts of the organs, where oxygen is most abundant.

Prof. Cope, discussing the question of consciousness in variation and evolution of organic beings, says: "The causes of the movements of organic beings are various. The best known are conscious states, as hunger, cold, heat and various other sensations; some of them of higher mental grade, as fear, anger, etc. Movements by the lowest animals, as that drop of jelly, the amoeba, appear to be the result of sensations. * * * * The phenomenon of hebotropism for instance, where these simple creatures leave the dark and crowd into light places cannot be shown to be due to chemical or physical causes only. They seek oxygen, which is more abundant where sunlight penetrates, but they have to be aware that they need it, and must have some knowledge of the fact, when they get it."

Let us see if this last theory of Cope can be applied to the leper bacillus. The tubercle bacillus which is nearest in kind to the leper bacillus, when drawn into the organism by respiration, inoculates, most frequently the apex of the lung. In that place there is much oxygen. Lupus and skin tuberculosis are most frequent where insect life is very abundant. If the transmission, in the first case, has taken place by inoculation, as is demonstrated, we may easily presume that the inoculation in the second case, may be affected in the same manner, probably by the intermediary of insects. I do not think that there is any choice given to the bacteria of leprosy, as to localization, just as there is none in the tubercle bacillus. They develop wherever chance has deposited them, and wherever they find favoring condition and no obstacles. On the exposed portions of the body, oxygen retains and feeds them. The inoculation by insects, can only be successful in these places, in others, circumstances are too much against them.

An internal inoculation is also easily imaginable and even probable. Salt fish is eaten all over the world; raw fish is eaten in Japan. Fish, especially, the carp, which is so general an element of alimentation in Japan, where it is eaten raw, feed on the larvae of mosquitoes, and may well be suspected of communicating the spores of diseases, extracted by

the insects from the exposed parts of diseased bodies. If not spores, then the toxins of the bacilli.

Considering these points, I should be disposed to conclude, that external inoculation, means tubercular leprosy, and internal inoculation, anesthetic leprosy.

Eclampsia Infantum.

By E. H. MATTNER, A. M., M. D., San Francisco, Cal.

Written for the Charlotte Medical Journal.

This is a disease of the nervous system occurring in children, characterized by involuntary spasmodic movements of the muscles and by more or less loss of consciousness. We have three distinct classes: first, *centric* or those connected with diseases of the brain or spinal marrow; second *reflex* or those arising from peripheral irritation such as dentition, worms, etc.; third, *secondary*, symptomatic or those depending upon the quality or quantity of the blood circulation in the system or in some particular part.

The eccentric or reflex convulsions constitute the great majority of cases, arising from dentition and of errors of diet. After weaning children mothers will frequently fill their little stomach with the most unwholesome and undigestible articles, such as meats, large pieces of potatoes, unripe fruits, nuts, raisins, berries and the like. And as a consequence some hours after the child will be seized with violent convulsions, and the good mother cannot account for it. In these cases the offending cause is generally in the small intestines and nothing but its removal by copious evacuations will establish the health. Artificial food is also liable to produce convulsions. This is particularly apt to be the case if the food is too rich or difficult of digestion and especially if the stomach is overloaded or has become weakened by exhibition of soothing syrups, gin, Bateman's drops, Godfrey's cordial, paregoric, or other opiate preparations which are so extensively indulged in by our nurses.

The irritation arising from intestinal worms causes serious troubles; extensive denutrition of peripheric nerves such as would arise from burns or blisters; retention of urine another cause with which I have lately met. The urine was passed with great difficulty and oftentimes when the bladder was unduly distended, dribbling away in small quantities at a time instead of passing it in the usual manner at regular intervals. After I made a careful examination I found that the partial retention was the result of congenital phymosis, and after removing the cause, i. e., circumcision the convulsions cease to return.

In most cases convulsions are preceded by premonitory symptoms; the child is either dull and feverish or restless and irritable, obstinate and whining disposition and frequently starts in its sleep, grinds its teeth,

the breathing is unequal and irregular and sometimes attended with a hissing sound. Individual muscles become spasmodically affected, the eyes are turned back in the orbits and roll upwards, the mouth is twisted in a peculiar manner, the thumbs are usually turned inwards and when nursing they suddenly relinquish the nipple, cry out without any apparent cause and gasp for breath. In other cases especially when it constitutes the initiary symptoms of an acute disease, the paroxysm breaks out without any warning, the face is more or less bloated and of a blueish red appearance or may be of a pale corpse like. During the height of the convulsion there is not the least trace of consciousness or sensibility, but after the paroxysm has lasted a longer or shorter period, according to severity, the convulsions ceases and sensibility partially returns again. The paroxysm varies very much in different cases sometimes the attack is very light and only effects the muscles of the face, but if it is very violent the internal muscles also become implicated, the urine and faeces being passed involuntarily, the convulsion varies in duration from a few seconds to even hours and at other times it is rapidly followed by a second attack and many more which generally as a rule terminate fatally, due to nervous exhaustion in consequence of too deficient oxidation of the blood or repeated attacks of asphyxia.

The *prognosis* in convulsions vary as to the cause, duration and severity of the attack. If they occur at the end of an acute fever or exanthemata disease or long continuance of any one attack, it mostly always proves fatal.

Treatment. This depends a great deal upon the removal of the cause. Where it arises from dentition, incision at the end of the gum is generally followed by relief; also the use of chloroform or nitrate of amyle inhalations has done good service. In fact, this is the first remedy to use to cut short the attack which then gives you a chance to find out the cause.

If it arises from errors of diet, as already remarked, free emeses should be induced and if the medicine cannot be given by mouth it should be used as an enema combining two or three times the quantity with the necessary amount of water, and repeat it as occasion requires it.

I have had some very good results from the compound tincture lobelia and capsicum, a quarter to half a teaspoonful to a dose. The warm water bath, another agent, which no doubt, does a great deal for the relief of the sufferer. But I am inclined to think its use should be restricted, that is, I would not recommend it as a routine treatment, especially where it is left to the parents or friends to make use of it as a child is liable to have one or more convulsions while in the bath and that the agitation incident to the giving of the bath adds to the excitement and already disturbed nervous system. One of the great objects of the treatment is to keep the nervous system as free as possible from agitation. I am convinced that it is often productive of more harm than good when in

the excitement of the moment the water is too hot or too cold and is frequently kept in the bath after the water becomes somewhat cold, thereby producing a chill which adds to the cerebral congestion already present. Placing the feet in hot mustard water is also a good adjunct to the treatment and can certainly be productive of no harm. It should be continued from 5 to 20 minutes according to the severity and duration of the attack, cold application being made to the head at the same time. In regards to the internal remedies I have found the tincture belladonna a valuable remedy where there is cerebral congestion, dilated pupils and a deep red color of the face, gelsemium another good remedy where there is a stupid, comatose condition, and especially useful during dentition. I have also found a useful remedy in physostigma in cases where it tends to arise from reflex irritation of the spinal nerves, especially preceded by the twitching and the trembling of the muscles and great weakness in the lower extremities. Bromide of camphor has been successfully used where there is a condition of cerebral anaemia, as in cholera infantum. Chloral hydrate per rectum or also some of the bromides. As a preventative of the recurrence of an attack, I have had good success with bromide of ammonia, $\mathfrak{ss}$ ii. to water $\mathfrak{ss}$ iv., teaspoonful as often as may be required.

Lesions of the Penis Simulating the Initial Lesion of Syphilis.

By T. M. BAIRD, M. D., Hot Springs, Ark.,

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Living as I do at a resort where thousands come annually to be treated for syphilis in its various stages, the importance of a careful and thorough examination of the primary sore has been forcibly impressed upon me; for it is not an infrequent occurrence for us to examine a patient sent here to be treated for syphilis and find the only symptoms he ever had was a sore on his penis, which was burnt off, after which procedure he was placed on specific treatment.

The object of this paper is to impress on those of the profession who are too hasty, to wait for constitutional symptoms to appear before beginning treatment.

The patient is generally anxious to be placed under treatment at once, but be firm, and if you lose him your conscience will be clear, and in the long run you will be repaid, for if he did not have syphilis the fact will be discovered sooner or later. I will mention lesions likely to appear that may be, and are, mistaken for the initial lesion of syphilis.

A chancroid is frequently mistaken for a chancre, indeed at times it is impossible to differentiate. The period of incubation of a chancroid is from twenty-four hours to four or five days, while that of a chancre from

two weeks to a month or more, but frequently a patient is unable to tell from whom he contracted the disease. What are we to do? Wait.

Induration we may say is present in ninety-five per cent. of chancris, while very rarely seen in chancroid. A chancroid first shows itself as a pustule, or ulcer, at first round, afterwards has irregular, deep, jagged edges generally, but not always undermined, is very sensitive to the touch, highly inflamed, and has a copious, purulent discharge.

A chancroid may be single or multiple, but as it is auto-innuculable, if let alone, will soon be multiple if not already so, and will eat away the entire glans and even the penis.

The bubos following a chancroid are generally suppurating.

None of these symptoms apply to the initial lesion of syphilis or chancre.

Were we to destroy this sore at its onset, none of these symptoms would appear except, perhaps, the bubos. Does that make it syphilis?

Herpes caused from exciting or irritating the peripheal nerves of the penis is often, yes, far too often, mistaken for a chancre. It may be multiple or single, generally the former. It first shows itself as a vesicle, which may become ulcerated, red and inflamed, and the pain accompanying it is quite often severe, the ulcer, if it occurs, is always superficial, and the edges, if undermined, are very slightly so.

Very rarely, a suppurating bubo may follow. It is generally seen on the mucus membrane of the prepuce, sometimes on the glans or in the meatus. If we wait we will find no constitutional symptoms following. Other lesions that may be mistaken for chancre are: Seborrhoic eczema, inflammation of the sweat glands, which produces little red spots, but the history of the case and time should certainly make the diagnosis easy.

Fibroid prepuce, strange to say, has been mistaken for a chancre, it generally follows a balanitis or phimosis.

Ecthyma, caused by a micro-organism, as yet unknown and present when the system is run down, may be mistaken for a chancre.

Only this morning my friend, Dr. J. C. Minor, of this city, was sent a case, a scabies, *by a physician*, to be treated for syphilis. There was present a hard scaly sore near the frænum, but under his arms and on other parts of his body the "syphilides" proved to be scabies. Instead of rubbing mercury that man will rub a sulphur ointment and be cured of his syphilis.

Should a physician desire to burn any and all lesions of the penis, well and good, but do not pronounce it syphilis until the rash appears; then and then only except in very rare cases is the only time you can feel assured that you are treating a case of syphilis.

At the Hot Springs City Dispensary our rule is never to begin constitutional treatment until the rash or erythema appears.

If a suspicious sore is present we advise frequent immersing of the

penis in hot water, and after drying apply equal parts of eucrophen and aristol. When phimosis is present, and the prepuce cannot be retracted, we prescribe a saturated solution of boric acid to be injected five or six times daily under the prepuce to reduce the inflammation, that we may circumcise and come in contact with the lesion.

When a case of herpes presents itself we first get rid of the vesicles or ulcers, and then circumcise if the prepuce is elongated, and impress the importance of perfect cleanliness.

I hope I may be pardoned for continually mentioning the importance of waiting for constitutional symptoms to appear before beginning treatment, but I almost daily see cases who have come hundreds of miles to Hot Springs to be treated for herpes or chancroid, and who could have stayed at home just as well as not and been cured in ten days.

In treating lesions of the penis we should apply local treatment and then have as our motto "wait for the rash."

218 Central Avenue.

Typhlitis.

By WM. S. STOKLEY, M. D.

By this name inflammation of the vermiform appendix was known forty-four years ago, when the writer was a student of medicine, and I think the English people still hold to it.

Under the search-light of the surgeon's knife; after full and free discussion as to its pathology, and treatment by physicians and surgeons, the seeming disparity of opinion appears to have well nigh settled down to a definite point. This diversity of sentiment has been more apparent than real, for no physician will deny that there are cases for the knife, nor can any surgeon demur to conservative treatment when there is a fair prospect of success. This success the older members of the profession will tell you has been in their practice assured almost, when the biliary apparatus was put in normal working order. This is a place of circuitry, and the construction is in terminal shape. Perhaps this little hollow tube is more "sinned against than sinning." It is not to blame for constricting bands often found in the bowels in its vicinity, nor for the lumps of effused lymph sometimes noticed in the groin. Its mouth may be plugged by causes exterior to it. For the lymph observed round-about, it, is not responsible, on the other hand it may in some manner lend aid as a gas-relief for the time. These lymph effusions do not always break down into pus. In circuitous regions there must naturally be more strain, and friction, and the constructive arrangements here are such as to ease the tension, and catch an overstrain without damage to the parts. There seems necessity for resiliency in such a gaseous location, and this worm-like attach-

ment may not be such an insignificant affair after all, as we are inclined to rate it.

The causation of the trouble is pretty well settled against the lodgement of foreign bodies within it.

There are cases, and I have seen such where nothing but the surgeon's knife can give relief, though they are rare. No one denies that obstructions occur from lymph breaking down into pus, and in many other ways demanding the knife, where the appendix was not in fault.

I do not think I am far wrong when I say that this affection has by country physicians been treated under the name of bilious colic, from the fact that all the "pointers" indicate liver trouble, and the remedial agents used by them so successfully combatted the difficulty that they were forced to the conclusion that to unload the portal circulation would free the blind-gut vicinity of its trouble, and so it has always done, barring cases of breaking down of tissues, and obstructions.

TREATMENT.—Periodical acute attacks. Periodicity is not very common, though it occurs. Antiphlogistics seem to be the remedies demanded, together with topical applications. Hydr. chlor, M. opii et Doveri to unload the bowels, quiet the pain, and determine to the skin and kidneys. Leech, and apply repeatedly warm mustard poultices of corn meal, or flaxseed, together with hot pediluvæ.

Cases running into chronicity are attended with danger. To guard against sepsis give alterative doses of the above named drugs every four hours—to slight ptyalism if there is persistency of the trouble. About this time (after persistent chronicity) look out for chills. These are bad symptoms right now; if there is a surgeon near invite him to view the case when these chills occur and bring his knife.

Though pus seeks an external outlet as surely as water does its level, it does not always "make the point" successfully. So here we turn the case over to the surgeon.

Hypertrophic Cervical Pachymeningitis.

By HUGO ENGEL, A. M., M. D.,

Fellow of American Academy of Medicine, late Professor of Nervous Diseases and Clinical Medicine at Philadelphia, &c., &c.

J. C., aet. 41, born in France, a *chef de cuisine* of some repute, came to my clinic, November 5, 1894, when he presented the following group of symptoms:

He walked with great difficulty, resting his weight on the toes instead of on the soles of his feet, keeping the legs flexed in the knee and making the peculiar slurring noise, characteristic of patients afflicted with spastic paraplegia. Sensation was diminished in the legs; the knee reflexes were slightly exaggerated and the foot-clonus could be elicited readily in both

limbs; the flexor muscles were moderately rigid, so that the kneejoints, in a state of slight contraction, offered resistance to attempts at extension. Paresis of the bladder was shown to exist by the difficulty C. experienced in micturition; while neither a stricture, enlargement of the prostate, nor any other lesion interfered with this act, and alvine discharges occurred only upon the application of clysmata.

None of the cerebral nerves were affected, but the pupils were contracted, with no response to accommodation, and the withdrawal of bright light brought about no corresponding dilatation. The ophthalmoscope revealed no change in the fundus. The upper ex remities, however, presented the most characteristic phenomena. First, an area of anaesthesia extended over the anterior surface of the trunk from a line, uniting the inner angles of the axillae, down to the navel, and passing along the regions supplied by the ulnar and median nerves of both arms. Beginning at the axilla, this anaesthesia spread along that half of the inner surfaces of the arms, which lies nearest the body, including the palmar surfaces of the hands. Even the small portion of the integument of the thumb, supplied by the radial nerve, was partly anaesthetic, again proving that sensation in the hands is by no means provided for in a like manner in all individuals.

A similar observation was made on the dorsal surfaces. The area here, supplied with sensation by the ulnar and median nerves, usually includes the end phalanx of the thumb, the two last phalanges of the first and second fingers and one half of the hand from a line, passing from the wrist to the centre of the second phalangeal joint of the middle finger, to and including the ring, and small fingers, except a small portion of the inner dorsal surface of the fourth. The last phalanx of the thumb and the upper two phalanges of the index and second fingers in this case showed no disturbance of sensation, while the part of the inner dorsal surface of the ring or fourth finger (generally supplied by the radial nerve) in C.'s left hand joined the anaesthesia. But if we remember that even complete section of one of these nerves often does not result in anaesthesia of the integument supplied by it, either because of such a complete anastomosis between it and neighboring nerves, as to prevent loss of sensation as a consequence of the destruction of one nerve, or because of the presence of some of those variations by which the surface area usually supplied by the terminal branches of one nerve, in many cases belongs to the territory of another, these apparent contradictions should never surprise us.

Over the whole anaesthetic area of the arms there was anaesthesia for touch, pain, heat and cold, but while that for pain extended to the deeper structures, that for touch was only *retarded* underneath the derma, *not lost*. Whenever anywhere over this area a needle had passed through the skin, the patient felt the touch, not immediately, but after the lapse of nearly two seconds.

All the small muscles of the hands, the flexors of the hands and fingers were paralyzed and in a state of moderate degenerative atrophy; i. e., ACC. *fs.* KCC, the contraction, ensuing upon closing the circuit with the anode seemed stronger, than that observed upon kathode-closure. More noticeable was the retardation of the response of these muscles to the galvanic stimulant; instead of the contraction occurring immediately, a slight interval of time intervened, and the contraction itself was slow, as if one part of the muscle gradually communicated the stimulus to the next. Either the afferent impression met with obstacles on its road to the gray corticle matter, or the efferent impulse traveled but slowly, and the latter, instead of spreading over the whole muscle at once, appeared to jump from one set of fibres to another. None of the muscles, supplied by the radial nerve, was impaired.

In consequence of the action of the extensors finding no antagonistic resistance by the atrophied and paralyzed flexors, the hands presented a picture, diametrically opposite to that observed in lead palsy; they were more turned back upon the dorsal surface of the forearm, than they could have been extended by will-power in the normal state, and while the basal phalanges with equal force were extended toward the dorsum of the hand, the other phalanges were flexed; the thumb, whose metacarpal bone seemed to be dislocated and too low down, with its phalanx stood off almost at right angle (the ulnar never supplies the adductor pollicis), while the end phalanx was flexed. In other words: the hands presented the picture, to which the French have given the name: *main en predicateur*, preacher's hand, thus signifying the position, which the hands of preachers are apt to assume during exhortation.

The wrists were so forced inward, that near the radius they appeared dislocated.

The patient gave the following history of his case:

There were no neuropathic tendency in his family and no evidence of acute infectious disease preceding the present malady. About two years before his first visit to my clinic, he began to complain of pains, gradually becoming severer, extending from the back somewhere between the shoulders, and ascending the neck up to near the crown of the head posteriorly. These pains he ascribed to a fall from a tree, about three months before the pains first developed, at which occasion he had fallen with both shoulders against a fence, and bounding off, struck the ground. His physicians shared this opinion, when, but a week or two later, his neck and shoulders became stiff. The posterior part of his neck felt like a board. Sometimes he had the sensation as of a hot iron being held against that part of his body; another time it changed to a feeling as of a piece of ice resting upon his shoulders. One physician especially drew his attention to the great sensitiveness of the lower cervical vertebræ, and the conviction thus gained ground of his having suffered an injury to that portion of his spinal

column. He also had severe neuralgic pains along the inner surface of his arms. Upon application of electricity at that period, the weakest current, when reaching certain parts of the arms, especially the bend of the elbow, produced a sudden twitching of the forearm and flexion of the hand and fingers. (When upon application of the electrical current to the bend of the elbow pronation occurs with flexion of hand and fingers, we have the evidence of having reached the median nerve, which there approaches the surface.*) The fact in this case *showed the increased irritability of the nerve at that time.*

These pains, worse especially at night, continued for nearly a year, when they slowly disappeared, and the present state gradually developed itself. Some parts of his legs also pained the patient at times, and there were some specially sore spots, which were highly sensitive, but he never suffered from neuralgic pains in the lower extremities. The group of symptoms evidently pointed to some disease, at or near the cervical enlargement. An examination failed to reveal the least evidence of any injury to the vertebrae themselves. Besides the phenomena had developed nearly three months after the fall; an accident implicating the vertebrae gives rise to some morbid signs, pathognomonic of such injuries, in case the membranes or the roots or the cords are implicated, immediately after it. Neither was there caries, for the specific symptoms of that malady would surely have manifested themselves after so long a lapse of time; and further, the patient was of a robust, compact build, and not at all of the kind prone to diseases of the vertebrae, while a lesion of the latter, induced by extension of neighboring morbid processes, as by pressure, &c., was not to be thought of, because of the want of all indications to that effect.

The picture presented betrayed a pathological condition, which, beginning at the locality designated in the posterior roots or near them, had gradually extended transversely. Considering the history of the case, the symptoms enumerated, the fact, that the lesion had progressed neither in a caudal direction, and considering the circumstances, that the localization of the morbid alterations in the arms excluded the possibility of the existence of a transverse myelitis, the diagnosis of hypertrophic cervical pachymeningitis seemed to me the only correct solution of the question at issue. The final result of treatment, while corroborating this view, also demonstrated the etiological factor in the case.

The hypertrophic inflammation of the cervical *dura mater* is always chronic, and starts in that membrane in a manner, resembling the inflammatory process, which so commonly attacks the walls of blood vessels and results in sclerotic or atheromatous changes. It leads to fibrous thickening of the membrane. The microscope reveals the fibrous deposit in

*Erb, Handbuch der Electrotherapie. Leipsig, 1886.

layers, one on top of the other, like the fleshy layers of an onion, so that the dura may assume ten times its usual thickness. The morbid process also causes adhesions between the spinal membranes, the spinal nerve roots and the cord. These occasionally grow together, so as to form an ossified mass. Oppenheim,* from whose excellent work, in its kind the most complete and masterful of modern times, this description of the pathology has been gleaned, states, that cases have been reported, in which the cord throughout its whole breadth, in the segment affected, was in a state of atrophy and sclerosis. Although in the beginning only the peripheral parts of the cord participate in the morbid process, partly by compression and partly by the inflammation gradually extending deeper along the vessels and the septa of the pia, the whole cord finally becomes implicated and suffers more or less completely.

The same eminent observer, who, while in charge for years of the clinic of the great Westphal, whose death occurred too early for medical science, had a rare opportunity of accumulating experience, also remarks, that the disease usually attacks that portion of the *dura mater*, which surrounds the lower segment of the *intumescencia cervicalis*, and among other etiological factors he mentions injuries and syphilis.

The patient first denied his ever having contracted syphilis and insisted upon the fall having been the causing element in his complaint. My own experience, however, had too often taught me, that constitutional lues will frequently remain latent, and especially not attack the central nervous system in the person afflicted with this dyscrasia, until some injury, at times of the most trivial character, will light up the hidden spark. This fact induced me to accept C.'s statement *cum maximo gaudio salis*. This not, that we find in such cases the specific pathological changes, directly produced by the luetic virus, but that peculiar morbid condition, which puts its own stamp upon all chronic inflammatory processes, when they develop in an individual, that had once suffered from constitutional syphilis. Thus in locomotor ataxia neither luetic neoplasms, the characteristic gumma, nor specific endo-artoritis are met with. In a habitual drunkard various morbid processes may arise, which, while characteristic of individuals, in whom the state of the blood, due to the abuse of alcoholic liquors, is present, are by no means the direct effect of the alcohol. The altered blood in these cases develops a tendency to other inflammatory conditions besides those caused by the special pathogenic element underlying the whole.

C. finally remembered, that, when 19 years old, he had a small initial sore, which healed within a week or two, and that he later also noticed some slight skin disease in the palms of his hands and on the soles of his feet (*psoriasis palmaris* ?), but he had apparently recovered completely.

*Oppenheim, Lehrbuch der Nervenkrankheiten, Berlin, 1894, page 214.

Upon this information, the facts stated above, and the circumstance, that his neuralgic pains had always distinguished themselves by nightly exacerbations, I put him on a course of inunctions with *mollium hydrargyrum*,* of which in about 5½ months he used 28 oz. During the whole course I employed every means at our disposal, to prevent stomatitis, and at the beginning had a dentist carefully attend to the patient's teeth, with the result of avoiding salivation and of thus enabling me to carry on the treatment a long time. Massage, electricity, hypodermic injections of strychnia and tonics necessarily accompanied the specific treatment.

With the exception of some paresis remaining behind, especially in the right hand, in the muscles of the fingers, supplied by the ulnar and radial nerves, all the symptoms finally disappeared. Common sensation is, perhaps, not so acute over the area previously anæsthetic, as should normally be the case, but, with the exception named, the patient, at least for the time being, has recovered. The symptoms, which were referable to the cord itself, must, therefore, have been due to compression rather than extension of inflammation, for I doubt, had either sclerosis or atrophy developed, whether the restitution would ever have been thus complete.

About the seat of the lesion there can scarcely be a dispute. Only in affections of the cervical cord do we find spastic palsy of the lower and flabby, paralyzed muscles in the upper extremities, while the limiting of the palsy to the ulnar and median nerves directly indicated the exact segment of the cord attacked. The progress of the case, the transverse extension, the localized paralysis of motion, and the limited sensory disturbance, the remaining of the lesion in *locò quo*, as regards ascending or descending of the morbid changes, the absence of manifestations betraying multiple foci, as in disseminated sclerosis, and finally the result of treatment, with the preceding history of an injury in a syphilitic individual, clearly point out the malady present and the underlying pathogenic element: hypertrophic cervical pachymeningitis in a person laboring under a luetic dyscrasia.

Philadelphia, 2016 Arch St.

Rosenbach says that the number of chlorotics has increased greatly during the last few years and considers that the cause is to be found in the corset as an article of dress. The compression excited by it on the abdominal and thoracic organs prevents full play of the respiratory powers and this reacts in the function of hæmatosis.—*La France Med.*

*The *mollium* is far preferable to the *argumentum*. The former is absorbed more readily, causes less of an annoying odor and, as it can be washed off with water alone,—the *mollium* being a soap rather than a fat—and as it never becomes rancid, it is less irritating and more agreeable to the patient, whose linen is neither stained indelibly, nor otherwise injured by it. Cold water will easily wash the stain even out of thick under-clothing. Especially with the aid of a drop of water, the *mollium* is readily applied in the coldest weather, and the same property removes all difficulty, when the inunction has to be made into a skin, thickly covered by hair.

Obstruction of the Ejaculatory Ducts.

At the meeting of the American Association of Genito-Urinary Surgeons (Philadelphia Med. News, June 29th) E. C. Burnett, of St. Louis, reported a case of early obstruction of the ejaculatory duct. The patient was an unmarried man, aged 35, who at the age of 5 was operated on for stone in the bladder, left lateral lithotomy being performed. The patient stated that his testicles almost always pained him for a day or so after sexual indulgence. Sexally he states that he was perfectly normal, excepting that he had never had an emission of semen. The external genitals were well developed. Upon the introduction of an endoscope into the urethra the prostatic portion of the canal was found to be extraordinarily short and the verumontanum was so small as to be barely distinguishable from the surrounding tissue. Palpation through the rectum for the seminal vesicles disclosed the fact that they were not appreciable to the touch and that the prostate was barely definable. During one of his examinations Burnett noticed the scar on the left side of the perineum, and on inquiry he was informed of the lithotomy performed thirty years before. In this incident in the patient's early history lay the solution of the questions as to the cause of his aspermatism. Obviously in the performance of the operation the ejaculatory ducts were torn across, becoming permanently occluded and through the conclusion of these ducts there followed arrest of development of the prostate gland and seminal vesicles. Obstruction of the ejaculatory ducts is given as one of the causes of atrophy of the seminal vesicles but Burnett could find no reference to any such influence upon the prostate.

Post-Partem Haemorrhage.

In cases where all the ordinary means to check the haemorrhage have failed, swabbing the interior of the uterus with a strong Perchloride of Iron has long been looked on as the last resource at our disposal. In my opinion, for cases of this desperate nature, plugging the uterus with antiseptic gauze is preferable. A pair of long uterine dressing forceps may be used to tuck in the gauze, and the procedure is facilitated by drawing down the uterus and by seizing the anterior lip with a vulsella. In a case of uncontrollable haemorrhage after a miscarriage I adopted this treatment using dry carbolized gauze sprinkled freely with iodoform. The plug should be removed in twenty-four hours and the uterus washed out with an antiseptic solution. The plug seems to act not only mechanically but also as a stimulant to uterine contraction. Any one who contemplates adopting this treatment should be provided with a plentiful supply of the gauze. Not only has the uterus to be filled, but the vagina must be firmly packed also, and the plugs kept in place by means of a T bandage.

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THE TREATMENT OF PSORIASIS.

The successful treatment of Psoriasis is one of the most difficult, tedious and less satisfactory tasks that a physician is called upon to manage. It is astonishing to think of how few specifics we can boast of possessing. If the question was asked a medical student to name the specifics in medicine he would say mercury will cure syphilis, quinine will cure ague and arsenic will cure psoriasis. Every one is saturated with the belief that arsenic will cure psoriasis, but when we come face to face with this malady we often find that this remedy fails most dismally to fulfill our high anticipations. It would be impossible, and it certainly would be wearisome, if any attempt were made to embrace in these few remarks the experience of other drugs in the treatment of psoriasis. Suffice it to say that cantharides, aconite, turpentine, green iodide of mercury, cod liver oil, phosphorus, and sulphur have been put into the balance and found wanting as specifics for psoriasis. If we wish to ascertain accurately the influence of any treatment we must first obtain the natural history of the disease which we are dealing with. The practical question is, can we not subject our psoriasis patients to any treatment with the confident hope that we shall either cure or benefit them? It would be of deep interest if the opinion and experience of a number of those engaged in skin practice would give an answer to this question; for my own part, I should direct my endeavors to—(a) improve the general health of the patient if any error of nutrition or function could be detected; and (b) treat the disease locally; Nothing but experience and what may be called the instinct of the physician will enable any one to use the first factor. But to remove the scales, and sometim, I was nearly saying "frequently," to prevent their recurrence, there is nothing which has succeeded so well as a consecutive, efficient, and constant application of equal parts of Stockholm tar, soft soap, and spirit of wine to the psoriatic spots. The remedy must be rub-

bed in with hot and moist flannel until the patient can submit no longer, and if the patches are local and large a piece of lint should be saturated with the tincture and tied on for several consecutive hours, even days, if necessary. The treatment must be persevered with until the whole of the morbid material is cast off; and when this occurs we shall find the true skin smooth and shining, looking like gutta-percha tissue, stained as it is with the tar. The misfortune is that this treatment is tedious and objectionable for both nurse and patient, and can only be carried out efficiently in a hospital or medical home, or at least with the assistance of a trained nurse. When the patient has sacrificed three or four weeks to this treatment the general result has been satisfactory, and some cases have, so far as I know, been completely cured; but I doubt whether any measures are capable of preventing a relapse. It is scarcely necessary to add that no claim is raised for originality in the application of soap, spirit, and tar in cases of psoriasis. Hebra, that king of dermatologists, was, so far as I know, the first to use the combination.

OUR LATE SUMMER.

For once the lacking arrears of an uncertain summer have been paid in full measure and with almost unbroken regularity. September established a record of exceptional warmth. While the heat in September was excessive, yet on the whole it has not been an unhealthy one as regards the more usual causes of dangerous illness. Diarrhœa usually occupies the first place in the category of diseases for the autumn months, but strange to note, even with the excessive heat, we have had very little diarrhœa.

But the hot autumn brought with it another danger, namely: the liability to chill. A chill was once considered a very slight sickness, but those that have occurred during the month of September have been exceptionally severe, often carrying with it a fever of 104° for five days, with excessive headache and unbearable nausea.

We are all familiar with dilemmas as to the amount of clothing suitable to a climate which is out of season, and therefore daily liable to variation. We have all felt the inconvenience of exertion in such weather as that of last September, and some have doubtless also realized the treacherous after chill which readily follows the slightest exposure while overheated. There should, therefore, be no difficulty in accounting for an increased mortality from diseases of the respiratory organs during our autumnal summer. With the beginning of another month comes a change of weather, a cooler and in so far a truer season, although attended with damp morning mists. Somewhat sudden in its arrival, it may, if not watched, and provided against, surprise some who are still uncertain whether to break definitely with the genial warmth which is still so recent.

Such persons, especially if not young, will, if wise, incline to the side of caution. The airy liberty of widely opened doors and windows, the remembered comfort of light clothing, and the quiet and freedom of cool evening rambles are no longer to be reckoned among guaranteed methods of recreation.

THE CARE OF OUR PEOPLE.

The relation of the physician to the people in a city or community in which he lives is a very close and important one. While he may be the leading element in all her enterprises and industries, and is looked up to with the highest regard and esteem, and often with benefaction, yet, from the very nature of his calling and the acquired facilities at his command, gained by hard study, he is held largely responsible for the discernment of conditions favorable and unfavorable to the health of the community in which he resides. There can scarcely be found a locality in which the majority of the etiological factors of disease cannot be discovered. Whether it be in a thinly populated country district, where the air is fresh and uncontaminated by smoking chimneys, foul sewers and cesspools, where the water comes from untrodden hills and unpolluted soil, where foods are plentiful and labor ensures a good digestion, even here the observant physician shows his skill by detecting the potent factors of disease as he deals with malarial affections incident to undrained land and freshly upturned soil. If such is of so great importance in rural districts how much more so is it in large cities, where vast populations are gathered together, where the water of the wells filters through the porous soil of the neighboring graveyard, where every earth closet is but a pit, every house drain a covered cess pool, where masses huddle together in crowded tenements, until to the invasions of typhoid fever, small pox, scarlatina, diphtheria, and all the various contagious diseases in their train, the invitations are too strong to be resisted. It should be held as the sacred duty of every physician to know the factors of diseases within his realm, to endeavor to remove or control them and teach the ignorant population in his territory the prime laws of health.

FORMALINE.

This is the name of the new substance which is likely to prove a useful addition to the physicians' armamentarium. It is synonymous with the terms formaldehyde and formal. It is said to be superior to corrosive sublimate in its germicidal action, and is far less dangerous. It is used largely in the laboratory, taking the place of alcohol, having excellent qualities for the preservation of pathological specimens. There has also been excellent results obtained from this in the disinfection of rooms after infectious diseases. The vapors have no injurious action upon the furniture of the room, and disappear quickly after a few hours of airing.

THE SEVEN YEAR ADVOCATE.

In Europe and America just at the present time a curriculum of seven years is being discussed by some of the leaders of the profession and that the applicant shall be twenty-five years of age before a diploma will be granted to him. Whether or not to extend the curriculum would tend to improve the status of the profession is now the great question. The tendency seems to shut out all those except of rare attainments. To think of it as it is now, the trouble, the expense, the time, that it requires to get a good medical education, that it continues to attract such increasing number of students. Why is it, this question can be asked very appropriately, because there are few prizes in the profession and they are far apart. There are a few physicians, fewer by far than lawyers, or many other occupations, who make \$15,000 or \$20,000 a year while the great experts who double and thribble that amount may be counted on your fingers. The attraction must be great. It must be an intuitive attraction also. The income of a fashionable doctor must be made by himself, no one else can help him or make it for him. He can have no "devil." His holidays are few and of short duration: if of any length he will find his practice decreasing, and an illness almost necessitates his beginning life anew. Death it is useless to mention, is for his family, the sudden end of the greatest income. He cannot do as others, leave his business to his widow. From the money-winning point of view medicine seems to have few advantages. There are scores of candidates for the vacancy of the smallest public post. It is said that every steamship line is ten deep in eligible men for the next vacancy for an "experienced surgeon" and the medical charities know too well how hard is the struggle for life. There is an evolution in medicine, and the human race can no more be idle in this respect than in any other. But on the whole, evolution means improvement, and we see no adequate reason to fear that mankind will ever be subjected to the dominion of any other than its most worthy and most capable representatives of the healing art.

ESTATE OF DR. OLIVER WENDELL HOLMES.

To find the estate of physicians put in print is not a very frequent occurrence. Physicians as a class do not accumulate fortunes. They are like Methodist preachers, enjoying a life of plentitude, and dying with limited means. But in the case of Dr. Holmes, the poet physician of America, who was an honor to the profession, and a bright star in the literary world, he was an exception to the general rule. He not only enjoyed the truly desirable things of every day life, but he left to his heirs an estate of over \$100,000. This fortune was mostly the fruit of his gifted pen. He was successful as a medical teacher, and illustrious as an author.

THE SEASON FOR MEDICAL COLLEGES.

The past six weeks has been the busy season with the different Medical Schools. They are welcoming back their former students and receiving the \$30.00 initiation fee from those who have decided to take up medicine as a calling. Within the past 25 years quite a change has taken place, and a revolution has been wrought, the effects of which will soon be made more obvious than they are at the present time. Among the vast number who entered college in those days, some were gentlemen of high scholarly attainments, but the majority were from the cattle ranch, the farm or the shop, with scarcely any learning. It is said that until 1880 one could secure a medical diploma in nearly every medical college by having just enough education to write his signature. He was as innocent of the meaning of his latin diploma as the new born babe. He possibly had never attended a case of labor, and knew absolutely nothing about practical medicine and surgery. To own stock in a medical college in those days was more of a harvest than to have sold 500 bales of cotton a few days ago, just before John Inmann "hoodooed" the market. Such, however, is not the case now. There is not such a centralizing of all the students into New York, or Philadelphia. Almost every State has its own well equipped medical college and faculty for thorough teaching. Then the student must have a preliminary education, and whereas one and sometimes two years were required for graduation, nothing less than a four years course is now accepted. However, with all these changes, the career of medicine offers as many inducements now as it ever did, though those who take it up with a view of a secure and easy living, without incessant toil, the expenditure of enough capital to start on a moderate scale in many lines of trade, a large sacrifice of time in preparation and delay in securing a living income, will be certainly disappointed.

We have a more intelligent public to deal with now; proprietary nostrums and homœopathic remedies are largely purchased by those who dabble in domestic medicine; cheap transportation for dispensaries, club doctors, etc., all combine to make it more and more difficult to eke out a living in the practice of medicine.

OBSTETRICS IN CITIES AND IN RURAL DISTRICTS.

There are greater differences in cases of obstetrics than in any other department of practice. In conversation with an aged and successful practitioner of a rural district he made the following assertion, "that City physicians often interfere with labor to such an extent that that which would terminate in normal labor, many times resulted in abnormal labor." He seems to have forgotten the fact that childbearing, in rural districts, where life is quiet, and all the surroundings are conducive to the development of healthy mothers, was a physiological process, whereas childbear-

ing in cities, where sources of infection are without number, was a pathological success. Obstetrics in crowded centers requires just as much attention as the management of infectious diseases. The rural practitioner would certainly be guilty of gross meddlesome midwifery were he to do many things which the city practitioners are compelled to do. The conditions are so different that the one cannot from his own experience alone properly judge or criticise the other, yet such criticisms are often made.

THE HABITS OF INDUSTRY.

Youth is eminently the fittest season for establishing the habits of industry. Rare indeed are the examples of men who, when their earlier years have been spent in dull activity or trifling amusements, are afterwards animated with the love of glory, or instigated even by the fear of want, to undertake that labour with which they have not been familiarised. Few indeed are the instances in which persons who when boys were obstinately and incorrigibly idle have afterwards excelled in manual arts or intellectual researches, or have distinguished themselves in any way. On the other hand, the worst vices springing from the worst principles, the excesses of the libertine and the outrages of the lawbreaker, usually take their rise from early and unsubdued idleness. A spurt of industry, however, when it has once been excited in the common forms of education, may be transferred to objects of far more exalted dignity and greater utility. It qualifies men in all their various classes for the highest and for the lowest employments, and it inspires all with new vigour in the performance of every social and religious duty. As Dr. Johnson once very justly said, "He has lived with little observation of himself or others who does not know that to be idle is to be vicious."

IDIOSYNCRASIES.

Lord Byron, in his reported conversations with the Countess of Blessington, remarked to her that "medical men do not sufficiently attend to idiosyncrasies on which so much depends; and often hurry to the grave one patient by a treatment that has succeeded in another. The moment they ascertain a disease to be the same as one they have known they conclude the same remedies that cured the first must remove those of the second, not making allowance for the peculiarities of temperament, habits and disposition, which last has a great influence in maladies." These remarks are simple exaggerations of feeling and fact. Byron was not one enamoured of the medical profession more than he was of professors of divinity, but he was an acute observer, and it was interesting to read his views respecting idiosyncrasies. He judged rightly, very rightly, of their importance in connection with the practice of medicine.

DRINKING AMONG WOMEN.

Physicians are commonly of opinion, expressed as the result of experience, that the reclamation and cure of a drunken woman is a task of extreme difficulty. They will tell you that for one man who pulls himself together and gets straight again, there are hundreds of women who are irreclaimable and incurable. I say the reason why the cure of inebriety in women is so rare depends on the fact that the loss of self-respect means so much more in the way of despair to the woman than it does to the man. And there is another reason still. Society, which looks leniently upon the faults of men, judges with Spartan severity the slips of women. For this, women have to thank women. It is they who are hardest on the erring sister; theirs is the voice lifted loudest in her condemnation; theirs is the hand which points to the streets, and theirs the sentence which ostracises their sister forever as a social pariah. The case of the man is very different. He is always treated, however many his faults, under a social First Offenders Act. When people talk, as talk they will and do, about the necessity for preserving intact the purity of society, they conveniently forget that there are two parties to be dealt with, and that the attainment of the social millenium is only to be accomplished by the condemnation of the man equally with the ostracism of his victim. But, as Rudyard Kipling says, "that is another story" altogether.

ADVICE TO YOUNG DOCTORS.

It is an old adage that advice is cheap. This is true, yet when adhered to, it is often of very great advantage, whether it is medical, legal, or religious. The young physician, entering upon his chosen field of labor, with a brain crowded with technical learning, knows very little of the practical side of life and needs some good advice. The Journal of the American Medical Association gives the following to young doctors. It says:

"Be guided, then, by the voice of experience in all things not controverted by recent facts, and try yourself to become that ideal being the old doctor would be had he only your growth and recent knowledge to add to his tact and *savoir faire*. Watch him closely! He knows men as open books; he knows how to manage and control them; he knows when to smile and when to be grave. He has learned his community; he knows what he can do without offence, and how best to acquire its good will. He knows best how to set forth the knowledge he has to its best advantage. Take all you can of his method; it is the result of experience, and pay him that deference when you meet him that you yourself would like to receive from the class man of 1945 freshly filled with the new doctrines of which you will have only heard through your journal."

IODIDE OF POTASSIUM.

There is probably no drug in the *Materia Medica*, possibly excepting Mercury, that accomplishes the purpose for which it is given with more certainty than Iodide of Potassium. It is, however, given with repugnance by the physician, and taken with equal reluctance by the patient. The drug looks frightful to those who have taken it. The horrible eruption which it causes to appear on the fore-head, face and shoulders; the disgusting taste in the early morning; lassitude, loss of energy, the bad cold that it often produces, are the most unpleasant effects produced by the drug. The greatest difficulty in giving Iodide of Potassium is that just about the time the patient gets fully under the influence of the drug, he becomes disgusted with his face and feelings, and sets it aside, whereas, if he would continue it a short while longer all these untoward effects would disappear and the full benefit of the drug could be obtained without the disagreeable effects. In administering this drug it will be much more readily and easily borne if diluted by Soda Water instead of unmedicated water. The writer, in trying to please the proud and fastidious patient, has obtained the most pleasant and beneficial results by using this simple vehicle.

QUALITY OF FOODS.

The quality of foods should be adapted to the feelings of the stomach. In proof of this proposition numerous instances might be mentioned of apparently unfit substances agreeing with the stomach, being digested, and even quieting an irritable state of stomach merely because they were suitable to its feelings. Instances might also be mentioned of changes in diet producing a tranquil and healthy state of stomach in cases where medicines have been tried in vain. Neither can such occurrences excite surprise, for as digestion and the consequent tranquility of the stomach depends on a proper quantity of healthy juices being secreted and commixed with the food, such secretions are likely to be produced by whatever agreeably excites it, and obstructed by whatever has a contrary tendency.

THE CHOLERA OUTLOOK.

At the present time we must not forget the fact that cholera prevails quite extensively throughout Europe. It is also quite prevalent throughout Southwest Russia, Warsaw, and Galicia, and in some places it is exhibiting a greater virulence than it did last summer. It has not entirely abated in Asiatic Turkey, and suspicious manifestations have occurred at Grimsby, in England, where the disease prevailed quite extensively last autumn. At the present time there is more reason than ever that the utmost vigilance should be maintained at all European seaports where emi-

grants are embarked for the United States, and that sanitary authorities at home should do their utmost to remove those conditions from their midst which favor the diffusion of the imported infection. To prevent the invasion of an armed force is a far better service to the body politic than in deadly encounter to afford effective resistance.

ARCHIVES OF PEDIATRICS.

The Archives of Pediatrics will commence its 13th year with the January number, under the business management of E. B. Treat, Publisher, of New York, long identified with Medical publishing interests. The "Archives" has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The new management propose several important changes in its make-up; increasing the text fifteen per cent. and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of the journal.

The additional management will be in the hands of Floyd M. Crandall, M. D., Adjunct Professor of Pediatrics, New York Polyclinic, and Chairman of Section on Pediatrics, New York Academy of Medicine.

SULPHATE OF MAGNESIA.

Medical men follow the popular notion that sulphate of magnesia is an innocent drug, and a provoker of peristalsis. Tait prescribes the laxative in small and broken doses to persuade peristaltic action when the bowels are inactive after laparotomy; and experience justifies his commendations of the well-known remedial activity.

In cases of ascites from inactivity of the liver, a tablespoonful of a saturated solution of Epsom salts, the dose to be repeated every hour or two, will carry off more serum from the peritoneal cavity, and be followed by less vital depression than the use of any other agent.

In dysentery it also ranks first among the useful and established remedies. Five grains of sulphate of magnesia in a tablespoonful of water, the dose being repeated every three hours constitutes the best treatment in many cases of acute dysentery.

INFANTILE COLIC.

Many young children are irritable, and cry because they have intestinal flatus. Instead of using opiates, Prof. Bartholow gives the following as a valuable remedy:

R. Mistura Assafoetida 1 drachm.
Sodii Bromid 3 to 5 grains.

M. Sig.: This is a dose for a child from one to four months old.

BOOK REVIEWS.

FOSTER'S PHYSIOLOGY—Text-book of Physiology. By MICHAEL FOSTER, M. D., F. R. S., Professor in Physiology and Fellow of Trinity College, Cambridge, England. New (sixth) American edition with notes and additions. In one handsome octavo volume of 922 pages, with 257 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia, Lea Brothers & Co., Publishers.

Foster's Physiology and Grays Anatomy have been household words for medical men and medical students for many years in the past and will continue to be friendly companions for years to come. A good thing never dies—Professor Foster is unquestionably the foremost physiologist of England to-day and his great work has run through many editions in both countries and is the leading text-book used by English-speaking students. A critical review of this valuable work is unnecessary and impossible here and is useless for the book is too well known. In this American edition just at hand additions have been made which renders the volume suitable for junior as well as advanced students, so that this single volume contains all that will be necessary in a college course and all that the physician will need as well. In this excellent work useless verbiage has been omitted, obscure sentences have been revised or entirely rewritten, histological details have been materially abridged, much that was too theoretical has been omitted and such other additions have been made that brings it strictly up to date and renders it more advantageous to the student. The history of the nervous system has been retained in full, as has also the valuable chemical appendix, features that will be appreciated by both student and teacher. The series of illustrations has been largely re-engraved, and it is matter worthy of note that the very low price for a work of such size and style reflects the popularity likewise seen in the number of its editions. It is unnecessary to add a word of commendation of the learned author whose name I have given. His industry and methods are beyond all praise. But it ought to be recorded in favor of the publishers of the work, that the care with which they have seen it brought out, the enormous expense to which they must have been subjected, and their vast enterprise demand the warmest recognition and obligation.

A TREATISE, PRATICAL AND THEORETIC ON CANCERS AND THE CANCER-PROCESS.
By HERBERT SNOW, M. D., London, etc. London: J. and A. Churchill, 11 New Burlington street.

This work presents a concise view of the manifold varieties of cancerous disease. It elucidates their individual causes, explains the phenomena which attend their development and shows how each may be best combated. It consists of three portions. He first discusses on general grounds, the nature of cancer, classifying all the morbid growths which display any claim to the attribute "malignant" and seeking to account for the most striking features in their chemical career. It traces

every particular species to the acquisition, by a limited group of cell-elements, of auto-setic properties; bracketing together the resulting tumor products, and at the same time indicating their relationship to benign forms of tissue-hyperplasia, by the epithet "cancer process."

The second part deals with the structural anatomy and clinical cancer of particular species. Two principal aims have been kept in sight; one, to clearly display the principles upon which a new growth can be correctly referred to its parent tissue; the other to simplify existing nomenclature, so far as was found compatible with accuracy and with lucidity. As regards operations the author states that whenever the methods of surgery can be brought to bear upon cancer in its early stages, we can and ought to, cure our patient. He also believes in the value of early and persistent treatment by opium, even in the most seemingly hopeless cases. The concluding portion of the volume is devoted to a more or less cursory notice of malignant disease in particular organs, with the most fitting measures of cure or of relief. The work is nicely printed and bound and is a most valuable book.

THE PATHOLOGY AND SURGICAL TREATMENT OF TUMORS. By N. SENN, M. D., Ph. D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College; Professor of Surgery, Chicago Polytechnic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief, St. Joseph's Hospital, Chicago. Philadelphia: W. B. Saunders, 925 Walnut St. 1895.

The subject of tumors is one of the much neglected departments of surgical pathology. When we realize the amount of suffering and the number of deaths resulting from tumors, it appears somewhat strange that this vast department of pathology has received so little attention on the part of modern investigators. Very little light has been shed on the etiology and pathology of tumors since the epoch-making labors of Virchow and Cohnheim. This work could not be given at a more opportune time, and it will be welcomed with pleasure and profit. The author has spent many years in collecting the material for this work, and has presented it in a manner that will prove useful as a text-book for the student, a work of reference for the busy practitioner, and a reliable, safe guide for the surgeon. For the purpose of simplifying diagnosis the author traces every tumor to its proper anatomical starting point and histo-genetic source, and a sharp histological and clinical distinction is made between true tumors, inflammatory swellings, and retention-cysts. The author states that the increase in volume caused by a tumor is due entirely to erratic cell-growth from a matrix of embryonal cells of congenital or past natal origin, etc. The classification of tumors in this work is in accord with this theory of the origin of tumors. The first part of this treatise is devoted to a general consideration of tumors, and this is the part of most interest and use for students. Following the section on classification, each class of tumors is considered separately, beginning with benign epi-

thelial tumors and terminating with sarcoma, to which is appended a section on retention-cysts.

The work is profusely illustrated, thus keeping constantly before the reader's eye the microscopical picture of the tumor, which in many places is contrasted with the normal structure of the tissues, corresponding with the anatomical location of the tumor. The more difficult operations are fully described and illustrated. The publishers has spared no expense in presenting this book to the profession. It is one of the most valuable books that has been published in 1895.

SYPHILIS. By ALFRED COOPER, F. R. C. S., Eng., Consulting Surgeon to the West London Hospital; Senior Surgeon to St. Mark's Hospital for Fistula; Late Surgeon to the Lock Hospital, etc. Second edition. Enlarged and illustrated by twenty full-page plates, twelve of which are colored. Edited by EDWARD COTTERELL, F. R. C. S., Eng., Surgeon (out patients) London Hospital, etc. London: J. and A. Churchill, 11 New Burlington Street. 1895.

The author of this book is well known not only in his own country but in the States as well, and having been surgeon to the Lock Hospital for nearly twenty years, and largely engaged in private practice a still longer period necessarily affords him ample opportunities for the study of venereal disease in all its forms and this work is the outcome of the experience thus gained. We are glad to welcome so valuable a work. The first edition of this work has long been exhausted and the profession will welcome this, the second edition with pleasure and profit. Before entering into the subject proper the author gives a very instructive historical sketch of this disease with its geographical distribution. Following this he gives in a general way a brief account of ordinary cause and symptoms of syphilis. The nature and cause of syphilis is next treated. The most attractive feature of this work is the arrangement by the author of discussing the effects of syphilis upon *special* organs. This is systematically done and so paged as to enable the reader to find immediately what he desires. Upon the subject that "syphilitic" contraction of the rectum is only caused by soft chancres. Mr. Cooper says: "*Gummatous deposits and the ulceration to which they give rise are the most common causes of syphilitic affections of the rectum.*" The author has a graceful and entertaining style of writing and all subjects are treated with a terseness which is refreshing. This book is fully up to date, embracing all the progress that has been made in the department of venereal diseases in the last decade. The book is splendidly illustrated by colored drawings, printed in large type, is excellently bound, and should be in the hands of every intelligent physician.

A TEXT-BOOK OF CHEMISTRY—Intended for the use of Pharmaceutical and Medical Students. By SAMUEL P. SADTLER, Ph. D., F. C. S., and HENRY TRIMBLE, A. M., Ph. M. Philadelphia: J. B. Lippincott Company. 1895.

This large and handsome volume of nearly one thousand pages will receive a warm welcome from the physician, and it justly deserves it.

This is a new chemistry, presenting facts in a different way from⁸ that of the older works. This work teaches chemistry, one of the foundation stones upon which young men must build a technical education, in a thoroughly scientific way, yet distinctly adopted to the ultimate uses of students. The professions of Pharmacy and Chemistry are closely related and their uses for chemistry are very much alike. The members of these professions must understand the composition and chemical properties and possibilities of the whole *materia medica*, both inorganic and organic, in order safely to maintain the important trusts committed to them—trusts involving the continued health and life of their fellow-men.

This work combines scientific accuracy and completeness with that special reference to the needs of the pharmaceutical and medical student, as well as those in active professional practice, which makes it of value both for study and reference. Compounds recognized in the U. S. Pharmacopœia are specially indicated. A brief outline of Elementary Physics, much of which is absolute essential for the understanding of chemical methods, forms Part I. The convenient division of the elements into non-metals and metals is followed in the main in Parts II. and III. Part IV. deals with Organic Chemistry. While the arrangement is strictly scientific, yet the subject has been given a distinctly practical bearing. In Part V. a brief outline of Qualitative and Quantitative Analysis is given.

The Appendix contains, besides a list of the chemical elements with atomic weights and valences, thermometric scales and the specific gravity tables in most general use.

This is certainly a fine book, and it may be said with equal certainty that such a volume will be of the highest scientific value.

HERRICK'S DIAGNOSIS—A Handbook of Medical Diagnosis. By JAMES B. HERRICK, M. D., Adjunct Professor of Medicine, Rush Medical College, Chicago. In one handsome 12mo. volume of 429 pages, with 80 engravings, and 2 colored plates. Cloth \$2.50. Philadelphia, Lea Brothers & Co., Publishers, 1895.

This a fine book for students and one of great convenience and use to the general practitioner as well. It contains over 400 pages and the main facts that assist one in making a diagnosis are brought together in a compact form; those to be derived from subjective and objective examinations, together with those derived from chemistry, bacteriology, and microscopy. In this work are gathered together the more important and essential parts of the text-books devoted to chemical and microscopical diagnosis, those devoted solely to physical diagnosis, and those paying special attention to symptomatology. The book is well illustrated. Each disease is given in large clear type. The subject matter is divided into different sections as the Infectious Diseases, Diseases of the Digestive System, of the Respiratory System, etc., etc. The work is very concise and practical and every student particularly will do well to purchase a copy at once.

✓ CUTANEOUS MEDICINE, A Systematic Treatise on the Diseases of the Skin. By LOUIS A. DUHRING, M. D., Professor of Diseases of the Skin in the University of Pennsylvania, etc. Philadelphia; J. B. Lippincott Company. 1895. *in X*

This work has been written to take the place of the author's former Practical Treatise on Diseases of the Skin, which, for several years, has been out of print. There is no doubt that this subject has been greatly neglected by the profession. The subject is being revived and the fact is being recognised that the skin occupies a more conspicuous place in medicine than has heretofore been accorded to it. It occupies a very broad and useful field of observation. No other organ of the body offers such inducements to the pathologist for study. Hence we can readily see the great necessity for this work. The book is divided into the following sections: Anatomy of the Skin; General Symptomology; General Etiology; General Pathology; General Diagnosis; General Treatment; General Prognosis. An accurate knowledge of the anatomy and physiology of the skin aids greatly the understanding of the diseases which affect this organ. In like manner, a comprehensive view of the general etiology and pathology of the integument assists the student in comprehending the meaning of the numerous and diverse manifestations which occur on the skin. For these reasons considerable attention has been bestowed on these topics, which may be regarded as the foundation-stones of Dermatology. The author writes in the plainest language, thus proving useful to the student as well as the physician. We are glad to see Cutaneous Medicine rapidly assuming the elevated position to which it belongs. The book is well illustrated, neatly printed and bound, and will be of inestimable value to the physician who purchases it. *in X*

LECTURES ON THE DIAGNOSIS OF ABDOMINAL TUMORS ✓ Delivered to the Post-Graduate Class at Johns Hopkins University, 1893. By WILLIAM OSLER, M. D., Professor of Medicine Johns Hopkins University. New York: D. Appleton & Company. 1895. *in X*

The enormous experience of Dr. Osler, his almost equal length of service as a teacher, and his recognized literary aptitude, endows this volume with qualities which makes it answer all requirements upon the subject of which it treats. Some years ago any enlargement of the abdomen, generally speaking, was readily diagnosed as an abdominal tumor, and that ended the subject. Now such is not the case. We have tumors of the Stomach, of the Liver, of the Intestines, of the Gall Bladder, of the Pancreas, of the Kidney, and miscellaneous tumors, all carefully treated in this volume.

This is a very valuable book, because so many errors are daily made on this line, and how often we are mistaken when the post mortem reveals an entirely different growth from that which we had treated. The book is well illustrated, and will be a good addition to any library.

CHRONICLES OF BORDER WARFARE; or a History of the Settlement by the Whites of North-Western Virginia, and of the Indian Wars and Massacres in that section of the State; with Reflections, Anecdotes, &c. By ALEXANDER SCOTT WITHERS. A new edition, edited and annotated by REUBEN GOLD THWAITES, Secretary of the Wisconsin Historical Society, editor of Wisconsin Historical Collections, and author of "The Colonies, 1492-1750," "Historic Waterways," "Story of Wisconsin," etc. With the addition of a Memoir of the Author, and several Illustrative Notes. By the late LYMAN COPELAND DRAPER, Author of "King's Mountain and Its Heroes," "Autograph Collections of the Signers," etc.; 8vo. 467 pages. Cloth, \$2.50. The Robert Clarke Company, Publishers, Cincinnati, O.

This early and important history of the Western Border was originally published at Clarksburg, in north-western Virginia, 1831, and at the time created widespread attention among students of American history. Mann Butler, the early historian of Kentucky, spoke of it as "a work to which the public was deeply indebted." Samuel G. Drake, the historian of the Red Man, pronounced it "a work written with candor and judgment." Thomas W. Field, the discriminating writer on Indian bibliography, wrote: "Of this scarce book very few copies are complete or in good condition. Having been issued in a remote corner of north-western Virginia, and designed principally for a local circulation, almost every copy was read by a country fireside until scarcely legible. Most of the copies lack the table of contents. The author took much pains to be authentic, and his Chronicles are considered by Western antiquarians to form the best collection of frontier life and Indian warfare that has been printed."

Of this notable work, now difficult to procure at any price, it is eminently desirable in these days of active research into the origins of the West, that a new edition be presented to the public. For the preparation of such an edition, The Robert Clarke Co. some five years ago engaged the services of the late Dr. Lyman Copeland Draper, of Madison, Wis., who was in his lifetime the best living authority on the details of Western Border history. Dr. Draper had, as early as 1845, visited the Virginia Valley for the purpose of collecting information on the same general subject, and in the course of his long life gathered a vast store of historical material. Unfortunately, while thus assiduously collecting for a period of upward of fifty years, he wrote up but little of this material. He was, however, an earnest and most conscientious editor, as the first ten volumes of the Wisconsin Historical Collections abundantly attest. He was eminently fitted to do full justice to Withers's work, and during his last months on earth was in active preparation of "copy" for his new edition. Indeed, Dr. Draper was engaged at his task upon the very day he was stricken down by paralysis; the last line he wrote was upon an interesting note to the Chronicles. Thus, full of the spirit of Withers, he passed away August 26, 1891, with his memoir of the author written (though not revised), and with but one-third of the book annotated.

The matter thus rested until the autumn of 1894, when the publishers made an arrangement with Reuben Gold Thwaites, Secretary of the State Historical Society of Wisconsin, and editor of Vols. XI., XII. and XIII. of the Wisconsin Historical Collections, to take up the work where Dr. Draper left it, to complete the annotation, and a selected bibliography and a complete index, revise the matter throughout, and see the edition through the press. Mr. Thwaites is the author of "The Colonies—1492-1750" (Epochs of American History series), "The Story of Wisconsin" (Stories of the States series), "Historic Waterways," "Afloat on the Ohio," and numerous other historical works and monographs. He has devoted many years to the detailed study of Western history, and during the summer of 1894 made a canoe voyage of a thousand miles down the Monongahela and Ohio rivers, for the procurement of local color for projected works in the same field. He is, too, as Dr. Draper's literary executor, and as Secretary of the Wisconsin Historical Society, the keeper of the collections which the latter left behind him, and has ample material for the proper elucidation of Withers's text.

This new edition presents an excellent portrait of Withers, Dr. Draper's memoir of him, a rich collection of illustrative notes by both the editors; and a Selected Bibliography and Analytical Index by Secretary Thwaites.

CHARACTERISTIC MATERIA MEDICA MEMORIZER. By WILLIAM H. BURT, M. D., Chicago. Halsey Bros. Company. 51 and 53 Dearborn st., 1895. *mc*

The most important feature of this work is the bringing together a sufficient number of the most practical characteristics of "key notes" of our leading remedies, both as to drug pathology and therapeutics. It forms a complete skeleton or frame work of each drug so that the student may be better able to memorize them. It will also serve a good purpose for the physician, making him a good clinician, by fixing in his memory the *leading characteristics* of each drug so that he can utilize them at a moments notice, whenever a disease confronts him. The author is of the idea that it is unwise to confuse and exhaust the mind with the minutiae of a remedy at first, being far better to learn a few *bold characteristics*, which afterwards may be filled in with the particular details at pleasure. The book contains nearly 400 pages, clearly printed in large type, well bound and admirably fills the bills for which it was intended. *mc*

AN ECLECTIC COMPENDIUM OF THE PRACTICE OF MEDICINE. By LYMAN WATKINS, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. Cincinnati: John M. Scudder's Sons. 1895. *mc*

This book contains over 459 pages and each disease is given in alphabetical order in large bold type. Each disease is treated in a very brief way, though to the point. There is no prolixity about the work. You can readily find what you want without the least trouble. The treatment of each disease is quite extensive. We admire the arrangement of

the book very much. The work is very concise and brief, and the lengthy discussion of the ætiology, pathology and morbid anatomy of diseased conditions have been left out, because they are fully treated in the various "systems" and "cyclopædias" of medicine which are available to all physicians. It is a useful and substantially gotten up work.

APPENDIX TO DUNGLISON'S MEDICAL DICTIONARY. Twenty-First Edition. Complete work, 1225 large octavo pages. Cloth, \$7.00; leather, \$8.00. With thumb letter Index for quick use, 75 cents extra. Philadelphia: Lea Brothers & Co., Publishers, 1895.

It is a recognised fact to all those interested in medical sciences that Dunglison's Medical Dictionary is the most satisfactory and authoritative guide to the derivative, definition and pronunciation of medical terms. Every body is familiar with this Dictionary. It has passed through 21 editions, the most extensive revision being that of two years ago, when *forty-four thousand* words were added. During this short period medical progress, always advancing at accelerated speed, has enriched the terminology of the science with so many new words and extension of former meanings, that both the editor and publishers appreciating the duty of keeping the great work always in the van have issued this useful appendix.

HERALDRY IN AMERICA. By EUGENE ZIEBER, with over nine hundred and fifty illustrations. Published by the Department of Heraldry or The Bailey, Banks & Biddle Company, Philadelphia, 1895.

This volume meets a long felt want in America for a popular work upon heraldry. The writer has grouped in a concise and intelligent manner all that is necessary to enable the student correctly to interpret and apply the manifold laws of the gentle science of arms. It contains in addition, a collection of material, gathered from the use of royal and other seals upon colonial documents, and individual coat-armor, upon old tombstones, hatchments, tablets, family plate, wills, deeds, etc., showing an early practice and wide recognition of heraldry in America. It also presents a view of the present practical application of heraldry in the United States, particularly to the use of official, corporate, and personal seals and insignia of orders and societies.

PHYSIOLOGICAL FACTORS OF THE NEUROSES OF CHILDHOOD. By B. K. BATCHFORD, M. D., Professor of Physiology, and Clinician to Children's Clinic, Medical College of Ohio. 12mo. 130 pages. Cloth, net, \$1.00. Sent by mail, prepaid, on receipt of price. The Robert Clarke Company, Publishers, Cincinnati, O.

This little book is for the most part a republication of a series of papers which appeared in the Archives of Pediatrics. The August number of the Archives, in which the last of this series appeared, contained a four-page editorial on these papers, of which the following is the opening paragraph:

The chapter which appears in the present issue of the Archives brings

to a close the admirable series of papers by Dr. Rachford on "Certain Physiological Factors of the Neuroses of Childhood." The series has been one of great interest, and has presented the result of much original research.

In their republication in book form these papers have been revised and many additions have been made. The chapter on Auto-intoxication has been entirely rewritten, so as to include the extensive research work of the author on this subject.

The book is an etiological study of a group of diseases which are the most common of childhood. The work can well stand alone in the field it attempts to occupy.

EXERCISE AND FOOD FOR PULMONARY INVALIDS. By CHAS. DENISON, A. M., M. D., Denver, Colorado. The Chain & Hardy Co. 1895.

The two articles by Dr. Denison are very interesting and instructive. The doctor was once an instructor in gymnastics, and fully understands the art. These are very important subjects, and will interest the medical profession.

Reprints.

Sanitation of Street Pavements. By Henry O. Marcy.

The Surgical Treatment of Inguinal Hernia. By Henry O. Marcy.

The Surgical Technique of Aseptic Wounds. By Henry O. Marcy.

Personal Service as the Especial Exponent of a Great Profession. By Henry O. Marcy.

Brain Surgery. By R. W. Stewart, M. D., M. R. C. S., Surgeon to Mercy Hospital, Pittsburg, Pa. Reprinted from the Pittsburgh Medical Review, October, 1893.

Synopsis of One Hundred Ovariectomies. By Edward Borck, A. M., M. D., etc., St. Louis, Mo., 1895. Reprinted from the September number St. Louis Medical Mirror.

Excision of the Gasserian Ganglion. By R. W. Stewart, M. D., M. R. C. S., Surgeon to Mercy Hospital, Pittsburgh, Pa. Reprinted from the Medical News, August 11, 1894.

The Contagion, Mortality and Prevention of Whooping Cough. By William Sweemer, M. D., of Milwaukee, Wis. Reprinted from the Transactions of the State Medical Society, 1895.

The Action and Use of Alcohol in Fevers. By R. W. Stewart, M. D., M. R. C. S., Physician to Mercy Hospital, Pittsburgh, Pa. Reprinted from the Pittsburgh Medical Review, May, 1889.

What has Sewer Gas got to do with Bad Results in Obstetrics and Gynaecology? By A. Laphorn Smith, B. A., M. D., M. R. C. S., Montreal. Reprinted from *Annals of Gynaecology and Paediatrics*.

Some Observations on Structure of the Male Urethra. By R. W. Stewart, M. D., M. R. C. S., Physician to Mercy Hospital, Pittsburgh, Pa. Reprinted from the *New York Medical Journal* for April 12, 1899.

Perforation in Enteric Fever; its Surgical Treatment. By Frederick Holme Wiggin, M. D., Visiting Surgeon, New York City Hospital (B. I.), etc. Reprinted from the *Proceeding of the Connecticut Medical Society*, 1895.

The Operation of Supra Pubic Cystotomy and the Indications for its Use. By R. W. Stewart, M. D., M. R. C. S., Surgeon to Mercy Hospital, Pittsburgh, Pa. Reprinted from the *Pittsburgh Medical Review*, November, 1894.

A Report of Four Surgical Cases. 1. Excision of the Superior Maxillary Nerve. 2. Intracranial Neurectomy of the Fifth Nerve. 3. Cholecystectomy. 4. Esophagotomy. By R. W. Stewart, M. D., M. R. C. S., of Pittsburgh, Surgeon to Mercy Hospital. Reprinted from the *Medical News*, April 27, 1895.

Recto-Vaginal Fistulae and Fistulae about the Anus in Women. By A. Laphorn Smith, B. A., M. D., M. R. C. S., Eng., F. O. S., Lond., Fellow of the American Gynecological Society; Gynecologist to the Montreal Dispensary; Surgeon to the Woman's Hospital, Montreal Canada. Reprinted from *Mathews' Medical Quarterly*, January, 1895.

Ventrofixation and Alexander's Operation Compared. By A. Laphorn Smith, B. A., M. D., M. R. S. C. S., England, Fellow of the American Gynecological Society; President of the American Electro-Therapeutic Association; Surgeon-in-Chief of the Samaritan Hospital for Women, Montreal; Gynecologist to the Western Hospital, Montreal, and to the Montreal Dispensary; ex Professor of Gynecology in Bishop's University, Montreal. Reprinted from the *American Journal of Obstetrics*, Vol. xxxii, No. 2, 1895.

Literary Notes.

LIPPINCOTT'S MAGAZINE FOR NOVEMBER, 1895.—The complete novel in the November issue of Lippincott's, "In Sight of the Godless," by Harriet Kiddle Davis, deals with life at the Capital. The principal characters are a member of the cabinet, his daughter, and his private secretary, who might also be called society manager for the family; the action is chiefly between the two last. The tale is written with abundant local knowledge and striking ability.

Marjorie Richardson's "A Romande in Late Fell," is that of an elderly spinster, whose belated affections were amusingly yet pathetically misplaced. "The Strike at Colchester," by T. B. Exeter, was a strike of women against domestic duties, and speedily came to grief. Geraldine Meyrick sets forth the lofty loneliness of the vocation of "A poet."

"A Brush with Kiowas," describes one of William Thomson's western adventures, which occurred on the Arkansas River in 1857. David Bruce Fitzgerald gives his experience "With the Oyster Police" on the Chesapeake. Owen Hall describes a "A Dead City of Ceylon."

Dr. A. L. Benedict writes lucidly and most sensibly on "Medical Education and the Education of Medical Men." Charles H. Cochrane, author of "The Wonders of Modern Mechanism," shows how "A Hundred and Twenty Miles an Hour" may be covered by electricity.

"The Pet Meanness"—a diseased form of economy, varying with the patient—is exposed by Frances Courtenay Baylor. Under the heading, "Our Fullest Throat of Song," William Cranston Lawton writes of J. R. Lowell with warm appreciation.

The poetry of the number is by Carrie Blake Morgan, Grace F. Penypacker, and Frederick Peterson.

The Atlantic Monthly for November will contain among other features three short stories of exceptional quality: In Harvest Time, by A. M. Ewell, The Apparition of Gran'ther Hill, by Rowland E. Robinson, and The Face of Death, by L. Dougall. There will also be an installment of Gilbert Parker's serial, The Seats of the Mighty, and Charles Egbert Craddock's The Mystery of Witch-Face Mountain is concluded.

No recent series of papers in the Atlantic has attracted more wide attention than George Birkbeck Hill's A Talk over Autographs. The fifth and last of the series appears in this issue. Lafcadio Hearn's contribution bears the suggestive title After the War, and is quite as readable as his other delightful studies of Japan.

A feature of importance will be a paper by Walter Mitchell on The Future of Naval Warfare, which is a timely discussion of the future usefulness of the world's perfected navies.

With the autumn season we find that Mr. Peabody, in his An Architect's Vacation, journeys to Italy, and discusses The Italian Renaissance. Woodrow Wilson writes of Walter Bagehot, and contributes a readable paper under the title A Literary Politician.

The educational paper of the issue is At the Parting of the Ways, a timely article upon the physical education of women in college.

Poems, exhaustive Book Reviews, and the usual departments complete the issue.

Houghton, Mifflin & Co., Boston.



A REMARKABLE ANNOUNCEMENT.

A brief paragraph can hardly do justice to the interesting announcements which the Youth's Companion makes for the coming year. Not only will some of the most delightful story-writers contribute to the paper, but many of the most eminent statesmen, jurists and scientists of the world. No fewer than three cabinet Ministers are announced, among them being the Secretary of Agriculture, who chose for a subject "Arbor Day," the celebration of which he originated; Secretary Herbert writes on "What the President of the United States Does," and Secretary Hoke Smith on "Our Indians."

In a fascinating group of articles under the head of "How I Served my Apprenticeship," Frank R. Stockton tells how he became an author, General Nelson A. Miles gives reminiscences of his army days, and Andrew Carnegie recalls his earliest struggles in getting a business footing.

The Publishers of the Youth's Companion make the following liberal offer: New subscribers who will send at once their name and address and \$1.75 will receive free a handsome four-page Calendar for 1896 (7x10 in.), lithographed in nine colors, the retail price of which is 50 cents, the Companion free every week until January 1, 1896, the Thanksgiving, Christmas and New Year's double numbers free, and the Youth's Companion fifty-two weeks, a full year to January 1, 1897. Address,
The Youth's Companion, 195 Columbus Avenue, Boston. ✓

The publishers of *Littell's Living Age* announce a reduction in the price of that unique eclectic from eight dollars to six dollars a year; the change to take effect with the first of the new year. New subscribers, however, remitting before the first of January, will receive the intervening Nos. of 1895, free. The living age now nearing the close of its fifty-second year, has ever been the faithful mirror of the times reflecting only that which was highest and best and most desirable in the whole field of literature. It has received the commendations of the highest literary authorities, the most distinguished statesmen, the brightest men and women of the country, and has proven a source of instruction and entertainment to many thousands. It commends itself especially to busy people of moderate means for they will find in it what they cannot otherwise obtain except by a large expenditure of time and money, yet which is so essential to every one who desires to be well informed concerning all the great questions of the day.

Recent issues well maintain its reputation. To enumerate all the choice articles in the October numbers, for instance, would be to give their full table of contents. We can only add what has been so often said, even at its old subscription price, that no intelligent reader can afford to do without the *Living Age*. Published by Littell & Co., Boston.

APPLETON'S POPULAR SCIENCE MONTHLY FOR NOVEMBER, 1895.—Economic and scientific questions of great moment are treated in the Popular Science Monthly for November. The Past and Future of Gold is discussed by Charles S. Ashely, who maintains that gold has not appreciated but shows signs of a decline. Dr. A. L. Benedict writes on Consumption considered as a Contagious Disease, showing that it is more to be dreaded than leprosy. Herbert Spencer continues his history of Professional Institutions by tracing the evolution of Judge and Lawyer. An English author, H. P. Fitzgerald Marrott, contributes an illustrated article on Primigenial Skeletons, the Flood, and the Glacial Period, in which he describes three pre-historic skeletons recently found at Mentone. Prof. Mary R. Smith, of Stanford University, discuss Recent Tendencies in the Education of Women. This number contains also the address of Dr. Daniel G. Brinton before the American Association on The Aims of Anthropology, the conclusion of Prof. E. P. Evan's essay on the Recent Rerudescence of Superstition, and the twelfth of Prof. James Sully's Studies of Childhood, dealing with disobedience. The origin of some of the Uncle Remus stories is pointed out in a paper by the late Colonel A. B. Ellis, entitled Evolution in Folklore. The subject of the usual Sketch and Portrait is Alexander Dallas Bache, Superintendent of the United States Coast Survey for a quarter of a century. The new volume which begins thus strongly is marked also by several changes in the style of the magazine. The name of the great publishing house which has always been the proprietor of the monthly now appears in its title, and a new name and new form have been given to two of the editorial departments.

A series of papers on the Principle of Taxation, by Hon. David A. Wells, is to begin in the November Popular Science Monthly. Being based on the wide study which Mr. Wells has given to this subject and his experience as chairman of the U. S. Revenue Commission of 1865-'66, Special Commissioner of Revenue, later as chairman of a commission for revising the tax laws of the State of New York, and in other like positions, this series promises to be the most important contribution to the solution of pressing financial problems that has appeared in many years.

New York: D. Appleton & Company. Fifty cents a number, \$5 a year.

The editor of the Review of Reviews finds several incidentals in this fall's political situation on which to comment with effect in "The Progress of the World" for October; the part played by the liquor question in the New York campaign is very clearly described. The present difficulties of the U. S. Treasury and the bearings thereof on national politics are discussed. The opening of the Atlanta Exposition and the recent patriotic gatherings at Louisville and Chickamauga, the international yacht racing fiasco, the building of American battle-ships and Lord Wolseley's ap-

pointment as Commander-in-Chief of the British Army, are among the topics included in the month's survey. The Madagascar campaign, the massacre of missionaries in China. The Armenian question and progress in South Africa under Cecil Rhodes (whose portrait serves as the frontispiece of this number of the Review) are matters of international interest which also pass under editorial review.

IMPORTANT NOTICE.—Saunders' American Year-Book of Medicine and Surgery. Edited by George M. Gould, A. M., M. D. Assisted by eminent American physicians and teachers.

Notwithstanding the rapid multiplication of medical and surgical works, still these publications fail to meet fully the requirements of the *general physician*, inasmuch as he feels the need of something more than mere text-books of well known principles of medical science. Mr. Saunders has long been impressed with this fact, which is confirmed by the unanimity of expression from the profession at large, as indicated by advices from his large corps of canvassers.

This deficiency would best be met by current journalistic literature, but most practitioners have scant access to this almost unlimited source of information, and the busy practitioner has but little time to search out in periodicals the many interesting cases, whose study would doubtless be of inestimable value in his practice. Therefore, a work which places before the physician in convenient form *an epitomization of this literature by persons competent to pronounce upon the value of a discovery or of a method of treatment* cannot but command his highest appreciation. It is this critical and judicial function that will be assumed by the editorial staff of the "American Year-Book of Medicine and Surgery."

It is the special purpose of the editor, whose experience peculiarly qualifies him for the preparation of this work, not only to review the contributions to American journals, but also the methods and discoveries reported in the leading medical journals of Europe, thus enlarging the survey and making the work characteristically international. These reviews will not simply be a series of undigested abstracts indiscriminately run together, nor will they be retrospective of "news" *one or two years old*, but the treatment presented will be *synthetic and dogmatic*, and will include only what is new. Moreover, through expert condensation by experienced writers, these discussions will be compared in a single volume.

The work will be replete with original and selected illustrations skillfully reproduced, for the most part, in Mr. Saunders' own studios established for the purpose, thus insuring accuracy in delineation, affording efficient aids to a right comprehension of the text, and adding to the attractiveness of the volume.

W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.



Infection of the Tonsils with *Bacillus Tuberculosis*.

Prof. Dieulafoy recently reported before the Academy of Medicine, of Paris, some interesting experiments which demonstrate the frequency of tuberculosis of the tonsils. He says:

"There is a variety of tuberculosis of the pharynx, of a sluggish, masked type, which usually attacks the adenoid tissue in the naso-pharyngeal region. This tuberculosis is manifested by exuberant growth of the principal lymphoid organs of this region, that is to say, by hypertrophy of one or both of the two palatine and the pharyngeal tonsils.

With regard to the pharyngeal tonsil, tubercular lesions of this tissue resemble those described under the name of adenoid vegetations, while tubercular lesions of the palatine tonsils are confounded with the disease known as simple hypertrophy of the tonsils.

"My opinion is based on the following facts: I inoculated a certain number of guinea pigs with fragments of the tonsils or adenoid vegetations from various patients. Of sixty-one animals inoculated with fragments of the tonsil, eight, or thirteen per cent, developed general tuberculosis; of thirty-five inoculated with pigs of adenoid vegetations, seven, or twenty per cent, became tuberculous.

"It is, therefore, now established both clinically and experimentally that, in many cases, hypertrophy of the tonsils and adenoid vegetations are nothing but masked forms of tuberculosis.

"In all subjects from whom pieces of the tonsils or adenoid vegetations were removed for my experiments, the tuberculosis of the pharynx was primary and not consecutive to pulmonary tuberculosis. The assumption would not be justified, that the bacilli had been transmitted to these patients by heredity (a mode of transmission which is exceptional), but it is probable that young people affected with this hypertrophic form of tuberculosis have inherited a soil which we are in the habit of describing as lymphatic. This being admitted, it is sufficient for the development of the disease that a young person, thus predisposed, live in a tubercular atmosphere, or that the bacillus be introduced into the system with the food, more particularly milk.

"It is known, moreover, that Prof. Straus has proved the existence of virulent tubercle bacilli in the nasal cavities of healthy individuals frequenting rooms inhabited by consumptives. On the other hand, a number of experiments are on record, tending to prove that the tonsils may become infected by swallowing food containing the tubercle bacillus.

"Such is the first stage of this masked tuberculosis of the tonsils. In many cases there is no second stage, the phagocytic reaction gaining the upper hand after a few months or years, the tonsillary tissue becoming fibroid and hard, and the process ending in recovery, without generalization of the tubercular infection. In other instances, however, after having

remained in the tonsils for a time, the bacillus enters the lymphatic network, determining enlargement of the glands in the submaxillary and cervical regions.

"Secondary infections, such as scarlatina, measles, whooping cough, etc., sometimes occur in connection with generalization of the process and suppuration of the enlarged glands.

"Cervical glandular tuberculosis may be checked in its course, and recovery obtained, but in some cases it is rapidly generalized.

"The arrival of the bacillus in the lungs constitutes the third stage in tonsillary tuberculosis. After passing from gland to gland, and from reticulum to reticulum, the microbe ultimately reaches the great lymphatic vein or the thoracic duct, and is carried away in the venous circulation, whence it passes into the right heart, and finally into the lungs.

"Even then, however, not all is lost. The number of bacilli which reach the lung may be so small that this organ is not seriously affected. Sometimes again, the lungs defend themselves against the attack of the bacilli by hemoptysis; but in other cases the disease runs its allotted course as an ordinary tubercular phthisis."

Prof Chauveau, calls attention to the fact that tuberculosis of the tissues about the base of the tongue, or in the fauces, is frequent in animals fed upon tuberculosis food. In such cases the glands of the neck and submaxillary region also usually become involved.

Prognosis in Vaginal Hysterectomy.

Landau has removed the uterus through the vagina 277 times during the past nine years; 13, or not quite 5 per cent., of the patients died. In 112 of these cases the disease was cancer or sarcoma of the uterus; 8, or a little over 7 per cent., died; 1 sank from diabetic coma, 1 from obstruction, and 1 died from sepsis due to abortion, which complicated the disease and the operation. In 56 of the series the uterus was removed for fibroid; in many instances the tumor reached as high as the umbilicus; 4, or over 7 per cent., died, 1 sinking from failure of the heart's action on the twenty-second day, and another from chronic nephritis on the nineteenth day; 100 patients underwent the operation for bilateral chronic septic or inflammatory disease of the appendages 1, or less than 1 per cent., died, the fatal end being due to diffuse septic peritonitis. The remaining 107 have all been restored, in most cases after years of discomfort or pain, to perfect health. Landau adds 2 cases of vaginal hysterectomy for acute puerperal sepsis with multiple collections pus in the pelvis; 1 of the 2 died of purulent peritonitis. Landau did not operate in the same manner in all the 287 operations; sometimes he removed the uterus entire, in other cases he bisected it vertically, whilst in some he removed it by *morcellement*.

The Morals of a Surgeon.

What a man does is the proof to the world of what a man is. Many good people fear that the advance in science will bring about the retrogression of morals and religion. We do not agree with them. But if they cannot accept our judgment, let them weigh well a fact like this: Mr. Jonathan Hutchinson, F. R. S., and ex-president of the Royal College of Surgeons, addressed his professional brethren assembled in annual congress the other day, and he thus spoke: "I bore with such equanimity as I could the discovery that I could not compete with my friend in the ratio of successes obtained" (in operations for ovariectomy), "and, acting on the rule of conduct that I would never keep a patient in my own hands if I believed that someone else could do what was needed with greater prospect of success, I gave up doing ovariectomies, both in public and in private, and used to transfer my patients from the London to the Samaritan Hospital." Here is a rule of conduct which has never been excelled in moral worth in any department of professional life or private behavior. A most far-reaching and truly noble rule is this of Mr. Jonathan Hutchinson's; and the fact that he announced it toward the close of his career in the hearing of hundreds of his professional brethren, who are almost as familiar as he is himself with the conduct of his professional life is proof that he spoke mere truth. If these are the morals of men of science may we not say of men of all professions and callings, *O si sic omnes!*—*Medical Record*.

Vin Mariani and the Dispensary Law.

The Dispensary Law in South Carolina has of late been so rigidly enforced that many druggists were afraid to sell even medicinal preparations containing wine as one of the constituent parts. This seriously interfered with the sale of the well-known tonic Vin Mariani throughout South Carolina, and the proprietors of that famous specialty made vigorous representations to the Governor on the subject. As a result of these representations, Vin Mariani has been specially exempted from the workings of the Dispensary Law, as is shown by the following letter received by Messrs. Mariani & Co. from Gov. Evans:

(Copy,)

STATE OF SOUTH CAROLINA,
EXECUTIVE DEPARTMENT,
OFFICE OF STATE BOARD OF CONTROL,
COLUMBIA, S. C., Oct. 5, 1895.

MARIANI & BO., 52 West Fifteenth Street, New York:

DEAR SIR:—In reply to your favor of 30th ult., Gov. Evans directs me to say that you have his permission to sell the Vin Mariani, and he will exempt it from seizure in the State, when not sold as a beverage.

Respectfully,

W. W. HARRIS, Clerk S. B. C

Tendon Grafting, A New Operation for Deformities Following Infantile Paralysis, with Report of a Successful Case.

At the meeting of the New York State Medical Association, Oct. 15th, 1895, (Med. Record, Oct. 26.), Dr. Milliken presented a boy 11 years of age upon whom 20 months before he had successfully grafted part of the extensor tendon of the great toe into the tendon of the tibialis anticus muscle, the latter having been paralyzed since the child was 18 months old.

The case which was presented showed the advantages of only taking part of the tendon of a healthy muscle which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work.

The brace which had been worn since 2 years of age was left off, the patient walked without a limp, the talipes valgus was entirely corrected and the boy had become quite an expert on roller skates.

Dr. Milliken predicts a great field for Tendon Grafting in these otherwise hopeless cases of infantile paralysis, who heretofore has been doomed to the wearing of braces all their lives.

The Average British Practitioner is a funny creature, if we may be permitted to generalize from the samples we find revealing themselves in the columns of our London contemporaries. He never seems to know how to act in emergencies not provided for specifically in the decalogue or in "The Manners and Rules of Good Society." Some time ago the question was agitated in the Times whether, when a man met his wife's maid or the cook on the street he should raise his hat and smile, or should simply ignore her presence. Now it is a question of raising one's hat to one's rival's wife, and "Perplexed" appeals to the British Medical Journal for advice in the following terms: "A is a practitioner in a neighborhood, who, till lately, was unopposed. B comes in and sets up against A. As is customary B calls on A, but does not see A's wife during his call, and yet a few days afterward B meets A's wife in the street and raises his hat to her. A's wife tells her husband, and A calls on B and remonstrates with him, and considers his wife insulted. Was it an insult or was B merely indiscreet? Allowing that it is a breach of ordinary etiquette to raise one's hat to a lady to whom one has never been introduced, is it not possible that B, in his anxiety to be courteous to A, overstepped the bounds of propriety?"

The answer of our esteemed contemporary is tender and judicial, but not, in our opinion, satisfactory, for it leaves the question undecided, and "Perplexed" is no better off than before. "Although," so the decision runs, "in the absence of a personal introduction B would have been more than justified by the rules of social etiquette in passing A's wife unnoticed,

and, probably, under the peculiar circumstances, would have acted more prudently by so doing, still, the simple raising of his hat would not, as alleged by her husband, constitute an insult, but should rather be looked upon as a natural and courteously intended act toward the wife of a brother practitioner to whom, in accordance with the medico-ethical rules, he had recently paid the customary visit of courtesy as a newcomer; and, in our opinion, A would have acted wisely in accepting it as such. Probably, however, and not unnaturally, his mind and temper were somewhat disturbed by the prospect of professional competition in his hitherto unopposed practice."

The next time B sees Mrs. A coming in the distance he should quicken his pace, take off his hat, and mop his brow as though suffering from heat and humidity. He will thus avoid the insult of passing the lady with covered head, and will not commit the discourtesy of raising his hat to an unknown lady; he will also appear to be busy, and that will make the other children feel real bad.—*New York Med. Record.*

Otitis Media Complicated by Facial Paralysis.

Richard Lake, F. R. C. S., in a valuable paper contributed to The Journal of Laryngology, Rhinology and Otology takes the position that in facial paralysis complicating recent otitis media, energetic treatment is demanded and advises, in infants.

1. A free incision should be made in the tympanic membrane.
2. Antiseptic irrigation should be carried out every six hours.
3. Hot boric fomentations should be applied every two hours.
4. Boric acid ointment may be applied to the outer part of the meatus to prevent eczema. In the adult the same treatment should be adopted, and in addition,
5. Two or three leaches should be applied over the mastoid and over the tragus. If the inflammation is not quickly subdued by these means, the author advises the opening of the mastoid as being the best means at our command for the restoration of the hearing and the removal of the palsy.

It is a most singular idiosyncrasy of the American people and perhaps the people of all other countries, that they will defer or neglect the study of the most vital question which can concern a citizen. Probably not more than one citizen out of a hundred, even among those who pay taxes, can be induced, as a rule, either to talk about, think about, or study how much the national government costs him per annum, or how much his State or local government costs. And as long as this is the situation, and until the American citizen does become a student of taxation, it is difficult to see how the national and State governments can be wisely and justly managed.

Tryptic Digestion and the Internal Secretion of the Spleen.

A Herzen revives (British Med. Journal) the theory as to the influence of the spleen on pancreatic digestion, which Schiff was the first to put forward in 1862. It has long been known that the digestive action of pancreatic juice on the proteids is not continuous but intermittent, and that appears regularly with the process of gastric digestion. Schiff showed that in animals from whom the spleen had been removed, neither the pancreatic juice nor an infusion of the pancreas had any digestive influence on proteids. Herzen has combined Schiff's views with Heidenhain's researches on zymogens. He finds that the volume of the spleen at any moment varies directly as the amount of trypsin in the pancreatic juice, and inversely as the amount of zymogen. Thus the maximum quantity of zymogen is present during starvation, when the trypsin and splenic dilatation are at their minimum. Six or seven hours after food the conditions are exactly reversed. Furthermore, admixture or infusion of congested spleen greatly aids the pancreatic digestion of proteids. The blood of the splenic vein has a similar action, that from other vessels none. Herzen concludes that in the living pancreas the protrypsin is transformed into active trypsin by the influence of a substance produced in the spleen in quantity proportional to the intensity of its congestion. The substance finds its way to the duodenum through the general circulation.

Auto-Intoxication and Skin Diseases.

It is possible to enumerate groups of skin affections which probably originate from poisoning by bacterial proteids (—auto-intoxication). Among erythemas may be reckoned: (1) the typical acute exanthemata, morbilli, rubeola, and scarlatina, which approach nearest to the toxic erythemas. In variola, varicella, and the other acute exanthemata there is also the local action of the micro-organisms on the skin to be considered. (2) Erythema in the course of acute and chronic infectious diseases, such as cholera, septicæmia, etc. Here again the affection may be complicated by the presence of bacteria in the skin. (3) The erythema of uræmia and of icterus. (4) Dermatitis exfoliativa, of which Blaschko quotes a case which he believes to have arisen from auto-intoxication. In all such cases substances can be found in the urine indicating the occurrence of putrefactive changes in the intestine. Urticaria in many cases undoubtedly arises from auto-intoxication; here again idiosyncrasy plays a most important part. Acne vulgaris is probably unconnected with digestive troubles, with which, however, acne rosacea is usually associated. That the latter is really an auto-intoxication can hardly be regarded as proved when the uncertainty of its relation to the alimentary tract is considered. Still more uncertain, in spite of the popular views as to "impurity of the blood," is the autotoxic origin of eczema. Some have considered this

proved by the local reaction of tuberculin and other materials (especially amines) injected into the circulation of patients suffering from lupus. Blaschko, however, points out that this reaction does not occur in the healthy skin, and is strictly comparable not to the development of eczema, but to the appearance of an acute exacerbation in the course of an already established disease. In France the old humoral pathology has never become quite extinct, and modern observers, such as Quinquaud and Gigot-Suard, still attach too much importance to the toxæmic origin of skin affections. Tommasoli has also written a book in which he attributes an enormous number of cutaneous diseases to auto-intoxication, basing his views on the daily estimation of the various constituents of the urine in 8 cases, a method which cannot but be reckoned fallacious when the enormous number of substances in the circulation which may act upon the skin is considered. Blaschko concludes that the number of skin diseases of which auto-intoxication is the proven cause is very small, but that it is a possible factor in the production of many more, whose origin can be definitively established only by the efforts of dermatologists, clinicians, and physiological chemists.

Tuberculosis of the Spinal Cord.

Haskovec reports the case of a woman, aged 22, who after slight lung symptoms developed tingling and pricking sensations in the lower limbs, with slight weakness. After three months the weakness rapidly increased in a few hours to almost complete paralysis, with diminished and soon absent reflexes, retention of urine and fæces. There was also sensory disturbance in both lower limbs and the lower part of the abdomen, tactile sensation being almost perfect, while there was complete analgesia, and loss of sensation of heat and cold; a few weeks later tactile sensation had also disappeared, muscular atrophy was apparent in both lower limbs, and similar symptoms, but much less marked, had appeared in the upper limbs. Death took place a few weeks later. The necropsy showed advanced phthisis, with extensive disease of the spinal membranes and cord, the lesions being most intense in the upper dorsal region, especially about the posterior roots; the infiltration was partly diffuse, partly nodular. Several observers have noted the occurrence of primary tubercle of the spinal cord, and it would seem that the lumbar cord is the part most frequently affected; secondary tubercle of the cord, sometimes but not always involving the membranes, is much commoner, the dorsal being the part most frequently affected in these cases. The symptoms in either are generally as in the case mentioned those of myelitis, the nature of which can only be suspected from the presence of tuberculous lesions elsewhere. Even at a necropsy the tuberculous nature of a myelitis may be entirely overlooked unless the cord is examined microscopically.

Menstruation in Hot Countries.

Joubert, of Calcutta, agrees with Playfair in the opinion that the influence of climate on the catamenia has been unduly exaggerated. He has collected statistics of 3,194 cases under observations at Calcutta during the last four years, including European and rich native women seen in private practice, and poorer natives under treatment for various diseases in the Eden Hospital, Calcutta. He found but very little difference in the percentages for various ages between the Europeans who had passed their youth in Europe and the women of pure European blood born in India; 23.4 per cent. of the former and 23.8 per cent. of the latter began to menstruate when 13 years old. Hence the climate seems to have no influence on the catamenia of women of our race. Indeed, the European-bred girls showed a larger percentage of menstruation beginning at 12 than the native-born Europeans (13.4 per cent. against 10.8). Amongst the Eurasians a difference was at once noticeable, the type approaching that of natives between 12 and 14, but diverging again in the direction of the European type between 14 and 16. Such women are much influenced by native habits. In the class of pure natives, Hindus and Mohammedans, but chiefly the former, the greatest percentage of dates of first menstruation occurred at 12 (36 per cent.) Joubert shows that early menstruation is determined in native women by precocious knowledge and too early sexual excitement.

Paralysis and Apoplexy.

These diseases, when they proceed from lesions in the brain, are somewhat alike in the causes that produce them.

Two of the chief causes are meat eating and the use of intoxicating liquors, and often both combined. Every artery and vein in the brain, as elsewhere, is surrounded by a coat of muscular matter, and, so far as it envelops the arteries, expand and contract with every pulsation of the heart. When one feeds on animal food, or alcoholic drinks, all the muscles, including those surrounding the blood vessels, are more subject to be inflamed than if he fed on bread, vegetables, and fruit diet. When those muscular coats become inflamed, they are increased in thickness and press upon the brain matter or break at some point, and a clot of blood exudes, and by its presence produces diseased condition, resulting in one or the other of the above maladies: Those who are predisposed to those diseases—who are fleshy and short necked, or whose ancestors have died from those diseases—will be wise and prudent if they avoid the use of liquors that are intoxicating, and also the excessive use of animal food, including eggs. It will be advisable that they only partake of animal food once a day, and even then in moderate quantity.

Dr. Cheyne, a celebrated physician, who resided in London last cen-

tury, required all persons who had survived the first attack of paralysis or apoplexy to restrict themselves to a milk and bread diet, limiting them to not exceeding two quarts of skimmed milk and a small quantity of bread.

There is no doubt that a vegetarian diet is the best remedy against the recurrence of the maladies alluded to in this article.

In paralysis, alcoholic sponge baths at bedtime has been recommended as curative; also, hand baths administered by a healthy operator by repeatedly dipping his hands in hot water and rubbing the patient freely, just before retiring. It imparts the magnetism of the operator more fully than any other method, and rouses up the circulation of the nervous forces of the patient more effectually than any medicine.

The hot hand bath, with proper restriction of diet, affords the best hope of recovery.

The first attack does not always prove fatal, and by prudence in diet it may not be repeated.

Creosote in Tuberculosis.

J. R. Conway, (New York Medical Journal,) believes that creosote in large doses certainly has the power to absolutely check the progress of the malady, and in many cases when used early enough and continued for the proper length of time is even curative. In nearly 400 cases in hospital and private practice the results have been satisfactory. The method of administration and the quality of the creosote are of the utmost importance. The drug must be absolutely pure and must be given immediately after eating. The author prescribes it in capsules containing 2-4 minims, with twice the quantity of cod-liver oil. Any gastric irritation which may exist must be alleviated before commencing the treatment. Creosote in two-minim doses after each meal is then administered, the dose being gradually increased. After several days tolerance is established. In acute cases the dose is increased by two minims every fourth day until twelve minims are given at one time. The results of this dose are observed for several weeks and if not satisfactory, two minims more are carefully added every eight or nine days until a twenty minim dose has been reached. This is continued until the symptoms warrant a diminution. It may be necessary to use the highest dose for four or five months. Chronic cases do not, as a rule, require so large a dose, a maximum of twelve minims three times a day being generally sufficient. In every case in the first week or ten days there are troublesome eructations of gas flavoured with creosote, but this invariably subsides after the drug has corrected the fermentation caused by old indigestion. The treatment must be continued for at least two years. The earlier the disease is diagnosed and treatment commenced the better the result; this is especially true in acute cases. After a year of the larger doses relapses can be prevented

in the average patient by eight minims after each meal, provided no active symptoms are present at the time, as would be indicated by even one degree of rise of temperature. Several cases are related in detail which certainly appear to justify the author in his favourable opinion of this method of treatment.

Vinegar for the Arrest of Vomiting after the Administration of Chloroform.

Lewin (Clinical Journal) has obtained very good results with regard to the prevention of sickness after the administration of chloroform by immediately replacing the inhaler by a linen cloth steeped in vinegar, and allowing this to remain over the patient's face for at least three hours after the completion of the operation. He points out that chloroform, which is eliminated almost exclusively by the lungs, is decomposed in the presence of the inspiration into formic acid and chlorine. The latter agent when set free irritates the larynx and trachea, and thus is one of the chief causes of the vomiting induced by chloroform. On the application of vinegar in the above described manner the chlorine is taken up by acetic acid, and thus rendered harmless. The author further points out that in order to prevent the desiccating action of chloroform on the tissues it is necessary for the patient to inspire after the operation air that has been rendered humid. Acetic acid, both from the water it contains and from the energetic capacity of dissolving fibrine, serves to prevent coagulation of the blood. The beneficial action of vinegar in cases of anaesthesia by chloroform may also be explained by the fact that acids in general stimulate the respiratory passages. It is very unnecessary, the author thinks, to attempt to explain this favourable influence of vinegar by a hypothetical action of acetic and other acids on the vomiting nerve centre through the vasomotor nerves.

Removal of Tumors.

It is a very good principle to remove all tumors whether benign or malignant. Benign tumors should be extirpated, because a certain proportion of them undoubtedly degenerate into malignant tumors at special crises or periods of life. This is most apt to occur at a time when physiological atrophy takes place in an organ, as in the female breast, during the menopause. Another reason why supposed benign tumors should be excised is that certain malignant tumors remain quiescent for many years, and for this reason give rise to the belief that they are innocent growths, when in reality they are latent malignant neoplasms. The danger of leaving a supposed benign tumor becomes evident when it is considered that only a small minority of tumors in general are harmless.

Germ Diseases Propagated by Means of School Slates.

The National Board of Health Magazine calls attention to a danger recently pointed out by Dr. Ferguson in the indiscriminate use of slates among school children:

"The common practice which prevails in schools, is to hand the slates to the children without any attempt being made to ensure that each child shall have the same slate time after time. The result is inevitable. The first thing that the child does is to clean the slate by means of the finger wetted with saliva. In this process, of course, the finger travels many times from mouth to slate, and *vice versa*, and thus conveys to the mouth any material which may happen to be upon the slate. Thus, if a child happened to be suffering from tuberculosis, the tubercle bacilli might be readily conveyed to the mouth of another healthy pupil, and the same contingency would be likely to happen, perhaps, in all probability, with greater effect, if the disease were to be diphtheria. It is obvious that as long as children have only to depend upon their fingers and saliva for 'rubbing out their sums' on the slates, this evil will continue. But a very simple remedy would be to provide a piece of sponge, firmly attached to some string, with each slate, and taking care that the sponge was dampened in water previously the lessons being begun. A practical point of this character is nothing more than a self-evident necessity in these days of highly standardized hygiene and sanitation."

Syphilitic Affections of the Heart.

R. Jacquinet, of Paris, says that cardiac syphilis is a very rare disease. Up to the present only 102 cases have been recorded and of these not more than 61 are complete and trustworthy. The lesion occurs in the tertiary stage, and is, therefore, usually met with between the ages of 20 and 40 years; but it may also be found in infants suffering from congenital syphilis. The myocardium is the most frequent seat of the lesion, which may extend to the pericardium and endocardium, but rarely affects either of these alone. The valves are usually free, but may become incompetent secondarily to contractions of lesions elsewhere in the heart. The actual primary lesions found are, first, gummata of the myocardium; varying in size from a millet seed to a pigeon's egg, single or multiple. They resemble gummata elsewhere; they may soften and rupture into the heart cavities forming material for emboli. Second, Fibrous myocarditis, with or without gummata; usually occurs in patches; begins as periarteritis of the terminal arteries or may commence in one of the coronary trunks. Secondary results follow readily from either of these lesions, leading to dilatation of the weakened heart-walls, inefficiency of the heart-beat, and sometimes incompetence of the valves. The symptoms of car-

diac syphilis are in general those of myocarditis from other causes. It should be remembered, however, that frequently during the secondary stage of syphilis, more especially in women, there are symptoms of pseudo-angina causing considerable distress which may be due either to the accompanying anæmia or to the direct action of some circulating toxine in the heart, but are not due to any organic lesion arising from the disease itself. Violent palpitation, faintness, dyspnoea, and cardiac oppression are the common symptoms of cardiac syphilis. On examination the physical signs are usually negative except that the cardiac dulness may be somewhat increased. According to Mauriac this absence of physical signs is a feature which should suggest the possibility of syphilis as the cause of the symptoms. The asthmatic attacks and præcordial pains occurring in syphilitic persons may be due to lesions of the heart or of the cardiac nerves; they may, and frequently do, end in death, and on the other hand some cases have cleared up entirely under anti-syphilitic remedies. In all anginal cases, therefore, a careful enquiry and search as to the possibility of its syphilitic origin should be made.

Radical Operations for Malignant Disease.

In performing a so-called radical operation for the removal of malignant disease, it is often a question as to how much glandular tissue it is necessary to dissect out from the adjacent tissues, and especially what particular glands require removal. In certain cases it is wholly unnecessary to extirpate some near-lying and large glands and omit the small chain of lymphatics which shoot off directly from the infected area. In epithelioma of the lip there is situated near the angle of the jaw a gland which is in connection with the labial glands. This small gland should be dissected out even though the larger and submaxillary gland beneath the jaw is apparently free from infection. The neglect to do this is often the cause of a recurrence of the cancer of the lip, even though the submaxillary gland has been extirpated.

Chronic Tonsillitis of Coli Bacillary Origin.

A species of organism that has frequently been discovered in company with others in various forms of angina, is now known to be causally related to a special form of chronic tonsillitis. This is the *bacterium coli*, and the case in support of this assertion has been worked out and described by Lermoyez, Helme, and Barbier in the Hospital. The following were some of the principal clinical features. A brief period of acute tonsillar inflammation was succeeded by a chronic course, but the local subjective symptoms were slight in comparison with the deterioration of the general system, manifested chiefly by digestive disorders. A dull, white,

softish exudate covered the tonsillar crypts, the intervening surface being red and free. This membranous coating was resistant, but slightly adherent, and bleeding did not occur upon its removal. Nothing short of excision of the tonsils made any impression upon it. There were no glandular enlargements. A pure growth of bacterium coli was obtained from the surface, and the microbe was abundant in the tissue. It differed from the normal type in not giving the indol reaction and in causing a very slow fermentation of lactose. The exudate has not the horny or gritty character of leptothrix pharyngo-mycosis, but cultivation is the best mode of distinguishing it therefrom. The mode of access was probably by drinking water, as the organism was found in the water than had been drunk by the patient.

Cancer of the Breast.

Dr. Billings has demonstrated by statistics that carcinoma is a disease which is slowly increasing, and that it is the cause of a larger proportion of deaths in nations which have reached the highest state of civilization. For example, in the United States in one year there were over 13,000 deaths from cancer, of which there were twice as many deaths among females as among males. There are over 14,000 people in the United States dying each year from cancer.

In cancer of the breast Halsted published a monograph in which he based his 6 per cent. of local recurrences on the 50 cases which he reported in 1894; but of these 50 cases the results of 5 he records as unknown, and 25 of them he reports not having reached the three years' limit of time. There are, therefore, only 20 cases instead of 50 that could be utilized at the time of his publication in estimating the local and regional recurrences. In the 20 cases of which he can speak with authority, 18 of these died before the three years' limit was reached, leaving only 2 in which it can be said at the time of the publication of his paper that recovery took place according to the generally accepted standard of the three years. Halsted's figures, therefore, show 10 per cent. of permanent cures and 15 per cent. of local recurrence, since in the 20 cases there were 3 local recurrences.

Treatment of Laryngeal Tuberculosis.

Dr. W. F. Chappell gives the following as an efficient treatment of Tubercular Laryngitis.

R.	Creosote.....	5 i
	Ol. Rinei.....	5 iii
	Ol. Gaultheria.....	5 i
	Ol. Hydrocarbon.....	5 iii
	Menthol.....	gr. x

Spray the larynx three times daily.

Pneumonia.

Dr. Davis (June meeting of the Kentucky Medical Society) says that in the treatment of pneumonia much depends upon our conception of the individual case, a thorough knowledge of the several stages, and the therapeutics suitable to each stage. Early control of the case is imperative, therefore, the keynote to the treatment is to begin early, administer boldly, but prudently, until the effects of the remedies are obtained, then to maintain the effect by graduated doses.

CLINICAL HISTORY.—Briefly, in the first stage, the indications to be met are *shock, pain, pyrexia, cough and expectoration*; in the second stage, with the exception of shock, the same indications obtain, but in a modified degree, however, the cough and expectoration originate from a different source, the bronchial mucous membrane. In the third stage we still have the same indications but in a much modified form and may have the cessation of pyrexia replaced by prostration.

ANATOMICAL CHARACTERS.—Wide distention of the pulmonary capillaries with blood, and engorgements of the air-cells with serum containing red and white blood corpuscles and epithelial cells characterize the first stage; coagulation and consolidation of the above described blood and serum, and congestion of the bronchial mucous membrane characterize the second stage and resolution or granulo-fatty degeneration of this consolidated mass characterizes the third stage.

The synopsis given below we regard the proper management of a typical case of acute lobar pneumonia, which we are supposed to see within a few hours of the inception of the attack.

TREATMENT: FIRST STAGE.—If the patient be adult, strong, and presents in a marked degree the clinical features of this stage, administer hypodermatically morphia sulph., gr. $\frac{1}{2}$, atropia sulph., gr. 1-75 and repeat half this dose in an hour if the first does not produce a decided effect.

Now how many of the clinical indications of this stage morphia meets, and how? As regards the first two, shock and pain, we know that it acts as a specific, and through the nerve centres. It reduces pyrexia in two ways; first, indirectly by overcoming shock and lessening abnormal destructive metabolism; second, by equalizing the circulation. This equilibrium is restored, first, by toning the heart, second, by toning the pulmonary capillaries (which are widely distended with blood—the first *anatomical character* observed in this stage), and causing them to contract and force the blood through the pulmonary parenchyma for oxygenation. The restoration of the vaso-motor tone of the pulmonary arterioles also aids the absorption of the accumulated serum in the air cells, the second *anatomical character* noted in the first stage.

Morphia meets the fourth and fifth indications of this stage, cough and expectoration, first, by lessening sensation, second by removing

cause of same through its effect exercised over the pulmonary circulation as explained above.

The auxiliaries to morphia in the first stage are phenacetine, dovers, and quinia, *g. s.*, to maintain control, and these may be supplimented by counter-irritation secured by dry cups, sinapisms, and turpentine stupes. Apply quilted jacket of cotton batting to secure equity of surface temperature. Tepid or cold sponging may be repeated every three or four hours if pyrexia remains at or above 103F. Revulsion by vigorous catharsis or a mustard foot-bath is no mean advantage.

SECOND STAGE.—*Digitalis*, aided by strychnia, belladonna, and whiskey is the treatment of this stage. Phenacetine, dovers, and quiria may be continued cautiously.

Digitalis husbands the heart's strength by stimulating the pneumogastric, thus slowing the heart-beat and improving its nourishment. It stimulates directly and powerfully the heart muscles, causes a complete systolic contraction, and makes it possible for the right heart to entirely empty itself thus relieving it from danger of over-distention from accumulation. *Belledonna* and strychnia suppliment *digitalis* by stimulating the heart action, vaso-motor system, and the respiratory center. As long as whiskey slows the pulse, moistens the tongue, and quiets the patient it acts as a *stimulant*, pushed beyond this it becomes a *depressant*.

THIRD STAGE.—The supportive treatment is continued sometimes adding iodide potassium to hasten resolution.

Practical Dietetics.

By W. GILMAN THOMPSON, M. D., Professor of Materia Medica, therapeutics, and Clinical Medicine in the University of the City of New York, Visiting Physician to the Presbyterian and Bellevue Hospitals, etc.

(Pages 142 and 143.)

Diastase is a vegetable ferment which has the property of converting starchy foods into a soluble material called maltose. Like the ferments in the saliva and pancreatic juice, it acts in alkaline solution, but, unlike them, it continues to operate in acid media and, therefore, its action is not disturbed by the gastric juice. Diastase is a peculiar substance which causes the ripening of fruits and vegetables by converting their starches into dextrins and sugars; hence fruit becomes more and more digestible as it ripens.

Maltine is made from three cereals—barley, wheat and oats. *It is rich in diastase.* It may be taken either plain, with cod liver oil, with coca wine, with pancreatin, with hypophosphites, etc., in tuberculosis and other diseases.

Leprosy and Tuberculosis.

The germ of leprosy is very like that of tuberculosis. In both diseases, little masses of inflammatory tissue form around the bacilli, and then, not having the vitality of normal structures, these break down, involving other parts in their own destruction. Leprosy attacks chiefly those parts of the body which are exposed, like the hands, feet, arms, and legs, though it occasionally invades the mucous membranes, and it is seen in the nose, mouth, and throat. Tuberculosis, on the other hand, seeks the deeply seated organs by preference, though it, too, may affect the throat; and many of the so-called scrofulous sores are tubercular. Leprosy thrusts out its hideous deformities and disgusting ulcers to the gaze of the passer-by; tuberculosis hides its devastations beneath an exterior which may be even beautiful. The greater sufferer from fever, lassitude, and pain is the consumptive. So, too, is his mental suffering greater, since the leper is usually a person who has lived in filth and squallor, while the tubercular patient is more likely than not to be one who has worked hard to gratify some ambition, and who feels more keenly than bodily pain the necessity of abandoning active life. Leprosy is not a rapidly fatal disease, usually lasting from nine to twenty years after its recognition. Consumption fortunately does not allow its victims to linger so long, but kills in from one to four years in the great majority of cases.

The Dangers of Cycling.

There can be no manner of doubt that cycle riding has become popular with all classes, and, practiced with moderation and within certain limits, no form of exercise can be more helpful in promoting a healthy balance of mind and body. The passion for propelling the body on wheels dates from the second decade of the present century, when the beaux of the west end developed a predilection for dangling their legs from the hobby-horse. In 1846 a machine was constructed on which the rider balanced himself with his feet removed from the ground, and the "bone-shaker," the "ordinary," and its modified form the "Kangaroo" followed. But from no point of view were any of these machines satisfactory. It was not until the year 1885 that a really satisfactory machine, constructed upon rational principles, was introduced, and became the model upon which the most popular machines have since been constructed. Many improvements have, however, been made upon the old model, and wheeling has become popular with both sexes, with old and young, with the rich and, we may even add, the poor. Another cause of its popularity is, perhaps, the patronage given to cycling by many of the Royal family. In the popularity of the exercise, however, there lies a danger, and many of the accidents that occur might easily be avoided if the exercise were not indulged in so recklessly. Within the last few days there has been a

series of deaths consequent upon cycle riding. In one case a child aged eleven years fell from a machine which he had hired and which he was incompetent to ride; in another case a man who had passed middle age collided with a van and fell under the wheels of the vehicle; and a minister and a well-known entomologist in America lost their lives from bicycle falls. With regard to children who hire bicycles the person who lets them out for hire should be held responsible if an accident occurs. We have often wondered that accidents from this cause do not happen more frequently. In poor neighbourhoods, especially on Saturday afternoons and Sunday mornings, lads of quite a tender age can be seen executing the most intricate and complicated patterns in the streets and roads, showing their utter inability to manage their machines. In the case of those of maturer years the responsibility rests with themselves, and those who have passed the prime of life should avoid as far as possible any endeavor to thread the intricate maze of vehicles in the main streets of our large cities; for, apart from the danger of loss of presence of mind, or of "side slip" when riding a "pneumatic" on slippery roads—a prolific source of accidents—the nervous strain which is set up is not at all conducive to health.—*Lancet*.

The Toxic Products of Tuberculosis.

After many experiments, Angelo Maffucci (*British Medical Journal*) affirms that there exists in culture preparations of tubercle where the bacilli are dead a toxic substance which resists the action of time, heat, desiccation; sunlight, and gastric juice, and this substance is not a product of bacillary secretion, nor derived from the nutrient medium, but a poison contained in the substance of the bacillus itself, and due to its disintegration. Maffucci found that culture preparations three years old had not lost their toxic power; that fresh as well as old cultures submitted to the action of 65° to 100° C. for an hour or more, though this might destroy the vegetative power of the bacillus, had little or no effect on its toxic power, nor did desiccation for fourteen months destroy it. Sunlight from fifteen to forty-five days at 32° C., followed by exposure to heat, 100° C., and then treatment with gastric juice, had no effect on toxicity. This toxic substance is very active in its power, as an infinitesimal dose sufficed to cause marasmus; moreover, it may be transmitted by tuberculous parents to the foetus without any transmission of the bacillus itself, causing abortion, or marasmus in those foetuses that are born alive; it may also be eliminated by the milk. The action of this toxin is to cause inflammation and necrosis of the tissues; in concentrated solutions, it causes tuberculous abscess; diluted, it produces disturbances of the circulation, catarrhal inflammation, and alteration of the red corpuscles of the blood; by passing repeatedly through the kidneys, it may set up a parenchymatous nephritis, or a fatty degeneration of the renal epithelium.

"A Well Deserved Tribute to a Popular Line."

The "Robesonian" of October 23d says editorially :

"The facilities for reaching Atlanta from this section are not equalled anywhere. The Seaboard Air Line runs double daily trains over the road, making close connections for the South and West at Atlanta and for New York, Boston, and other points. Indeed, as a gentleman of large travel remarked last Monday, the Seaboard (Air Line) has the best schedules and the best connections of any road within his knowledge. He also said that he was not aware of but one train in the United States that furnished cars equal in magnificence and without additional cost to the Atlanta Special, and that was (we believe) the Buffalo Express, running from New York City to Buffalo."

Syphilis and Carcinoma of the Larynx. ✓

Dr. Willis S. Anderson recently read before the Detroit Medical and Literary Association a very valuable contribution on the above subject. A case was reported of syphilitic stenosis of the larynx in a woman aged 33, which involved the whole of the mucous membrane. The infiltrated mass was uneven, bright-red and ulcerated. The cords were thickened, and on attempting phonation, the edges of the bands were brought together for an instant and then separated. Rapid improvement followed large doses of iodide of potassium. When seen subsequently the syphilitic deposit had been replaced by fibrous tissue; the cords were nearly immovable; and dyspnoea was very marked. A small intubation tube was introduced and the size gradually increased. Dyspnoea quickly disappeared, and after two weeks the cords were freely movable. Two months after ceasing the use of the tube there had been no return of the stenosis. Hypodermic injections of iodine were also used.

The second case was carcinoma of the larynx in a man aged 44, with a history of goiter for 18 years. There were, at intervals, discharges of pus internally from the broken down thyroid. When first seen there were marked thyroid and lymphatic enlargements. Laryngoscopic examination revealed a nodular growth, involving the ventricular bands, arytenoid cartilages, base of epiglottis and adjoining structures. The patient grew steadily worse and died. Necropsy, with microscopical sections, confirmed diagnosis.

The third case was that of a male aged 50, with carcinoma of the left lung, and diffuse hypertrophy, with nodular growth of the mucous membrane of the larynx. The amount of stenosis and dyspnoea just prior to death was much greater than the post mortem proved. This discrepancy was due to oedema of the larynx. Necropsy showed greater portions of left lung infiltrated with cartilage-like mass, undoubtedly carcinomatous. The symptoms and pathological lesions of these two affections were des-

cribed by the author. In regard to treatment he strongly advised intubation, as a relief in syphilitic stenosis, or tracheotomy, if intubation could not be performed. In carcinoma he deplors all intra-laryngeal operations, advocates tracheotomy as a palliative measure, and closes with a plea for early diagnosis and total extirpation of the larynx.

When Consumptives Should Go to Colorado and Why.

Dr. J. C. Minor, of Hot Springs, Ark., who has for the past two years spent part of the spring, summer and fall in Maniton, Colorado, read a paper on this subject (Transactions Tri-State Medical Association) in which the following points were made: That pure water, pure air, and wholesome food are essential in the treatment of consumption. That no one or two of these three essentials will suffice, but the three as a unit are necessary. Susceptibility to tuberculosis means a certain devitalized condition of the blood favorable to the invasion of the bacillus tuberculosis, which condition is the result of improper food assimilated, followed by improper elimination of resulting impurities, and improper aeration of the blood. That gradual and constant elimination is also essential, and to this and climatic influence is of great importance.

The climate of Colorado in the winter months, spring months, and early part of summer are too changeable in temperature and barometric pressure to promote the proper elimination; but patients living in Colorado during July, August, September and October find all the essentials here mentioned and do excellently. That patients spending three months in Colorado should then return to medium altitude and climate, to such points as will afford pure mountain air, pure water and good food. The Ozark mountains of Arkansas are mentioned as an admirable and ideal locality for these combined essentials.

In commenting on his paper he adds also North Carolina, Georgia, Florida, Mississippi, Alabama and Texas, New Mexico and parts of California as affording in a great measure the same advantages.

A New Remedy for Boils and Carbuncles, Camphorated Salol.

It is prepared by moistening one part of camphor with a few drops of alcohol, and rubbing this in a porcelain mortar, with one-fourth part of salol, until a transparent liquid is obtained. "A change takes place," says Dr. Bowen (Boston Medical and Surgical Journal), "in from twelve to twenty-four hours; pain diminishes, redness and inflammation of adjoining parts disappear, and the tumor becomes progressively smaller, without the formation of pus. Or, after suppuration has already taken place and after the slough has been removed, the pain and hyperæmia

may be much lessened by the application of camphorated salol, and the suppuration diminished. The healing process then advances quickly, a slight discoloration and some infiltration being felt only for a short time.

* * * Lay bare the point of the furuncle (or, if carbuncle, make several moderately deep incisions in order to facilitate penetration into the infiltration), cover with cotton compresses soaked in the camphorated salol, and an impermeable covering outside.

See Letter Surgeon Col.
Drennen, of Hot Springs, Arkansas, (Medical Review) says that in primary syphilis the hæmoglobin is diminished from fifteen to twenty per cent., in secondary syphilis it fluctuates between forty-five and seventy-five per cent., and in tertiary syphilis diminished hæmoglobin is characteristic of this disease. That in primary syphilis the red blood corpuscles undergo no change; whereas, in secondary syphilis they diminish to one-third their normal and in tertiary syphilis there is a constant reduction of the red parallel to an increase of the white blood corpuscles. Mercury in the primary stage restores the hæmoglobin, in secondary syphilis it restores the red blood corpuscles, but only partially restores the hæmoglobin, and in tertiary syphilis it restores the red blood corpuscles, but has little or no effect upon the hæmoglobin.

The excessive use of mercury diminishes the red blood corpuscles and hæmoglobin in all the different stages of syphilis. He further states that mercury should never be used beyond the point of touching the gums, and believes in the inunction method. As to the iodides he begins with ten or fifteen drops of saturated solution well diluted one hour after meals and increases five to ten drops after each meal until one or two hundred drops are reached three times daily, provided no ill effects are produced by the remedy and the urgency of the symptoms demand it. He then rests for two or three days and repeats this experiment from three to six times, and in this way gets results that cannot be attained by very large doses gradually worked up to and long continued. He further states that their tendency is to anæmia, and that their long continued use should not be indulged in. The author limits their field of usefulness to the latter stages, yet admits that in the headaches and sore throats of secondary syphilis they are sometimes useful in relieving the symptoms. He quotes from numerous experimenters in Sero-Therapy, and concludes that it is of positive value in the tertiary lesions, but that its usefulness in primary and secondary syphilis is much questioned, but said, however, that the reports were most encouraging and should stimulate to further activity.

Furthermore, that the waters of Hot Springs, Arkansas, were eliminative, stimulating and antiseptic, and that larger doses of mercury and the iodides could be administered whilst bathing than without, thereby making it a veritable Mecca and Paradise for the syphilitic.

Dilatation of the Cervix in Puerperal Eclampsia.

Mdlle. de Moerloose, of Brussels, has reported (Lancet) a very interesting case of puerperal eclampsia. The patient was a primipara, eight months' pregnant, who was admitted to hospital in a state of coma after having had six fits. There was marked general œdema, and the urine was highly albuminous. The os uteri admitted the tip of the finger, and there was no indication that labour was in progress. Chloral by the rectum, inhalations of chloroform, and morphine hypodermically were tried, but apparently without effect, as violent convulsions continued to occur at short intervals. Mdlle. de Moerloose therefore dilated the cervix with the fingers. Beginning with one finger, she was soon able to insert two fingers, and so on, till the os uteri was the size of a five cent piece. The dilatation was done very gradually, the pressure with the fingers being made for a quarter of an hour, with intervals of the same time between each manipulation. No convulsions occurred while the dilatation was being effected. The membranes were then ruptured, and the head made to engage by pressure on the fundus. Delivery was completed with the forceps. The patient had two fits the same night, and two more on the day after delivery; she remained in a state of profound coma for several days, taking no nourishment except a little milk. The albuminuria did not commence to lessen till the eighth day. The patient was sufficiently well to leave the hospital on the fifteenth day. Mdlle. de Moerloose reports the case because she thinks that obstetricians are perhaps too much opposed to artificial dilatation of the cervix in similar cases. She does not mean that such a measure should be adopted as a matter of routine in each case, but considers that when drugs fail to produce an improvement in an hour, when the tissues are soft and dilatable, and the patient is evidently in a serious condition, digital dilatation of the cervix in the manner above described offers the best chance of a favorable termination.

Sprained Ankle.

Dr. M. N. Due, of Birmingham, Ala., in a paper on the above subject, read before the Jefferson County Medical Society, says, that of eight cases seen and kept up with in the last three years, he has been unable to say that any of them are *entirely* well; and that an ankle once subjected to a sprain is rarely ever the same as it was in the beginning. The movements of the joint are limited to flexion and extension. There is no lateral motion, and this accounts for the fact that this joint is so frequently sprained. In the majority of cases it is the external lateral ligament that is stretched, contused or torn. A man may be walking along, and may step upon a stone or any uneven place; the centre of gravity is transferred, and the entire weight is borne by the ankle joint during this mal-position of the

body. The external lateral ligament being the weakest of the ligaments, if the force is at all severe, will in some part give way. Were there any normal lateral movement, probably sprains would be less common.

The fibres of the capsular ligament may be slightly torn, or tendons ruptured, and muscles lacerated. Sometimes, too, the synovial membrane is contused or lacerated giving rise to synovitis; and small blood vessels are ruptured, causing an extravasation of blood either within or without the joint. When the synovial membrane has been injured, swelling anterior to the malleolus is a constant and marked symptom, due to an abnormal increase of synovial fluid. An ulceration, caused by this extravasation of blood under the articulation and the constant use of the parts, may involve the deeper structures. A synovitis, syndesmetis, general arthritis or destructive osteitis may result. In the majority of cases the symptoms are so slight that the patient soon begins to use the joint moderately well; but a mechanical trouble remains longer, and which, in many cases, is the cause of all the subsequent pain and suffering. This is caused by the tearing of the small nerves and vessels, and which become entangled in the cicatricial tissue formed during the healing process. This, too, is no doubt the cause of the pain and stiffness that foretell a rainy day.

In the way of treatment he believes that rest is of the first importance; then relief of pain. Afterwards promote the absorption of the irritating fluid within the joint by means of slight pressure, and gentle massage; then try and prevent the formation of adhesions by passive and slight active motion.

Pneumonia.

Dr. Geo. E. Davis (June meeting of the Kentucky State Medical Society) read a paper on acute lobar pneumonia, in which he emphasized the importance of beginning treatment early and pushing boldly. By *boldness* he does not advise the *heroic* measures of venesection, aconite, and veratrum, even in the first stage. The first two are seldom or never justifiable, and the last, though less potent of ultimate harm, has a more efficient, agreeable, and safer substitute in opium, or some of its alkaloids. Dr. Davis pointed out the advantages the poppy possessed over all other remedies in the treatment of the first stage, and the possibility of this drug to *abort* an attack, chiefly through its effects in *equalizing the circulation*. The reports of illustrative cases were cited in evidence. The following report is noteworthy, to-wit:

"Mrs. N. S. G., aged 60, strong, and well preserved for her age, had suffered with a cold for a day or two, and was exposed to rain and snow after having become overheated cooking dinner. At 2:30 P. M. she had a hard chill, accompanied by cough, pain in left side, and much shock. At 5 P. M., when I saw her, her features were pinched and anxious, the surface dry and hot, pulse 120 and full, temperature 104° F. Her cough was

accompanied by the characteristic tenacious rusty expectoration. Auscultation revealed bronchial breathing and fine rales over the lower lobe of left lung posteriorly, and exaggerated breathing over right side. Percussion showed dullness over lower lobe of left lung posteriorly. Morphia sulph., gr. $\frac{1}{2}$, and atropia sulph., gr. $\frac{1}{15}$, was given hypodermically, and half the dose repeated in an hour. Shock, pain, and cough were relieved at once, followed by a quiet night's rest. The next morning the pulse was 90, temperature natural, and the attack *aborted*."

In the second stage Dr. Davis pins his allegiance to *digitalis*, supplemented by strychnia; belladonna, and whisky. He calls attention to the fact that all these remedies, especially the first, owe their beneficent influence chiefly to the action they exercise over the heart and circulation. If we wish the best results, he cautions, it were well we respect and personally supervise the *hygiene*, which term embraces ventilation, the toilet, diet, etc.

Treatment of Intermittent Fever.

We obtain the following prescriptions from an interesting article in *The Journal of Practical Medicine*, by Dr. W. M. Fleming, of New York City, Physician to the Actors Fund of America, on "The Treatment of Intermittent Fever."

Preparatorv treatment, taken six hours before the specific treatment :

R Hydrarg. Chloridi Mite

Sodæ Bi-carb., aa gr. 1

M. Divide into six powders.

Sig.—Take one powder every fifteen minutes, using all the powders.

Prepare the specific dose as follows :

R Quinia Sulph, grs. xv.

Aquæ, oz. j.

Acid Sulph. Dil., q. s. ft. sol.

M. Sig.—Take at one dose in one-third glass of water.

This dose should be taken three hours before expected paroxysm, which usually occurs an hour earlier than the preceding one.

To relieve the uncomfortable head symptoms of the quinine, and to quiet pain and control fever of anticipated paroxysm :

R Antikamnia Tablets (5 gr. each) No. xxiv.

Sig.—One tablet every two hours while pain necessitates.

To tone up the system and prevent future attacks, prescribe the following for one or two weeks :

R Antikamnia and Quinine Tablets (5 gr. each) No. xxiv.

Sig.—One tablet three times a day, after meals.

This tablet contains $2\frac{1}{2}$ gr. antikamnia and $2\frac{1}{2}$ gr. sulph. quinia.

If called during the malarial chill or fever, prescribe the following :

R Antikamnia Tablets (5 gr. each), No. xxiv.

Sig.—Take two tablets immediately.

Repeat dose in two hours if pain necessitates.

Evisceration of the Eye-Ball.

Dr. L. Webster Fox, of Philadelphia, Pa., read a most interesting paper on this subject before the American Medical Association, Section on Ophthalmology, held in Baltimore, Md., May 7-10, 1895.

The primal object of the operation is to improve the appearance in the adjustment of an artificial eye—no matter how carefully an eye-ball is removed the deep cavity remaining always gives an artificial eye a fixed position, the enophthalmus is unavoidably and the perimetic rotation is almost nil—whilst the retained secretions always lodge on the outer surface of the artificial eye, causing a most objectionable crust and irritation to the eye lids.

Dr. Fox states that if we have in evisceration a method equally as safe as in enucleation, we certainly have in addition the advantage of giving better support to an artificial eye, getting rid of the sinister stare, the enophthalmus and a more perimetic rotation, with no disagreeable muco-purulent discharge so common after enucleation. The operation is essentially as follows: The conjunctiva is dissected from its corneo-scleral back to about the equator of the eye-ball, the muscles not being interfered with, then the cornea is excised. This is best done with a large Beer's knife as in performing a flap operation for cataract; the lower half of the cor. ea is removed with a curved scissors and the contents of the globe are taken out with a small scoop devised for the purpose. Great care is necessary to remove the ciliary bodies and choroid and the head of the optic nerve, leaving the clean white sclera. Mr. Carter has devised a rubber bulb which is inserted into the scleral cavity and inflated with air, to prevent pressure on the central artery to prevent hemorrhage. As this appliance has not been a success with me, I pack the scleral cavity with sterilised cotton; after waiting a few minutes, this is removed and the contents of the scleral cavity are again thoroughly irrigated with a hot antiseptic fluid.*

A sterilized glass globe which is best suited to the case, is then inserted with a specially devised instrument, the sclera is split vertically so that the edges may be drawn together and held by stitches of fine catgut, completely hiding the glass ball. The orbit is again thoroughly irrigated with a hot solution and the socket packed with sterilized cotton over which is bound a bandage; which is constantly kept saturated with lotion

*FORMULA I. IRRIGATING FLUID.

Hydrag. bichlor.	gr. 1-50
Zinci sulpho-carbolatis	gr. xxx
Aq. Ment. pip	5 iv
Aq. Camph.	5 iv
Aq. Destil.	5 iv
M. Sol. ft	

The same formula is used for instruments as the hydrag.

No. 3* of the Hospital Pharmacopea for four to six days. With strict antiseptic precaution very little or no reaction follows. On account of the rapid absorption of the catgut sutures, which allows the sclerotic and the conjunctiva to open and thus the glass balls become exposed and subsequently to be expelled (three cases). Prof. Fox has abandoned the catgut and uses black silk only. He also uses sterilized gauze to pack the sclerotic cavity instead of the absorbent cotton—immediately after the evisceration he finds that gauze expands, and by this expansion causes pressure upon the central artery, which stops the bleeding and at the same time with its capillary attraction leaves the scleral cavity perfectly dry.

The operation is certainly far in advance of enucleation from a cosmetic standpoint, and since its introduction no untoward conditions have shown themselves and the results, as Mr. Mules states, "are not as disturbing to the normal relation of the parts outside of the sclera" as enucleation. Dupanton and Graefe arrive at these conclusions: "That the procedure equaled in value enucleation in sympathetic diseases, was safer as regards danger or purulent meningitis, can be performed in panophthalmitis, and that, whenever done, a better stump is always secured."

Valvulus of Small Intestine.

Kirkpatrick (Montreal Medical Journal, October, 1895,) reports two cases of intestinal obstruction which proved to be due to a twisting of the gut on itself. The symptoms were simply those of obstruction, there being nothing diagnostic in either case. The second case was especially acute, the constricted bowel being very dark in color, although only four hours had elapsed from the onset of the symptoms until relief was afforded. In both cases an exploratory incision was made in the median line of the abdomen, and the small intestine withdrawn, in order to find the seat of the obstruction. In both cases the condition proved to be the same; a deep constriction, a distended portion of the bowel, and finally another constriction. In the second case the twist could be easily reproduced outside the body and on this fact the diagnosis largely rests, as well as on a process of exclusion. The condition is mentioned in text-books, but is not described, and no explanation is offered as to the mode of its production. The mere fact of an elongated mesentery, a condition which frequently occurs in cases of hernia, is not enough to account for it. Val-

*No. 3.	Liq. plumbi subacetatis	ʒii
	Tinct. opii.....	
	Tinct. belladonæ. a.....	ʒi
	Tinct. arnicæ.....	ʒi
•	Aq. Camp.....	
	Aq. Destil. aa q. s. ad.....	ʒi
	M. Sol. ft.	

vulus of the sigmoid flexure is more easily explained, for we have a loop of bowel with a loose mesentery and ends more or less firmly fixed and not far apart; yet the condition is far from being of frequent occurrence; The result was most happy in both cases, and the writer urges early operation in these cases of absence gastro intestinal disease.

The cases were reported before the Montreal Medico-Chirurgical Society, and in the discussion which followed (Montreal Medical Journal, September, 1895,) a certain amount of doubt was cast on the diagnosis, although the treatment was fully concurred in, and the necessity for prompt action urged. The rapidity with which death might take place was spoken of, irritant poisoning being simulated in one case mentioned, another case being diagnosed indigestion.

The literature on this subject is practically *nil* and practitioners in general would do well to consider the subject of this paper and not continue too long in an expectant attitude. It is certainly much safer for a skilled operator to make an exploratory incision and rectify any existing conditions, than to rely upon injections and other empirical means of overcoming obstruction.

Firwein-Tilden's.

(A BALSAM OF FIR WINE WITH IODINE, BROMINE AND PHOSPHOROUS.)

After a preparation has stood the most exacting clinical tests for a quarter of a century or more, it is not necessary to enter into any defense for its existence. The fact that it has survived the encroachments of competition and is more firmly intrenched in the confidence and esteem of the *profession* to-day, than ever before in its history, is sufficient evidence of the *therapeutic value* of firwein.

It is a balsam of fir wine with iodine, bromine and phosphorous. Having a pleasant aromatic taste, imparting a warm and grateful glow to the stomach and possessing *remarkable* reparative and reconstructive potency in Chronic Bronchitis, Incipient Consumption, Chronic Cystitis and all Catarrhal Affections of the Heart, Throat, Lungs and Stomach.

In Chronic Bronchitis and Incipient Phthisis Firwein exerts a most salutary effect,—promptly arrests the progress of the disease, allays irritation, controls the cough and expectoration, soothes the inflamed membranes, heals ulcerations and stimulates healthy secretions. Unlike expectorant syrups, hypophosphites, cod liver oil and emulsion compounds, Firwein does not impair, but on the contrary strengthens and improves digestion and assimilation; a matter of the greatest possible importance in view of the fact that inaction and malassimilation are the chief sources of danger to be apprehended in such condition.

A Few Remarks Relative to the Left Inguinal Colotomy.

S. G. Gant, M. D., Kansas City, Mo., read a paper with this title at the recent meeting of the Missouri State Medical Society. He says:

"Until recent years a colotomy was seldom made. This operation was considered both difficult and dangerous, so much so that surgeons believed they were justified in resorting to it only in cases of obstruction, where the abdomen was so distended that it was almost ready to burst. In former years the operation was done very differently from what it is today, and patients who were so unfortunate as to have an artificial anus, found themselves in a most deplorable condition, because of the frequent and *uncontrollable* discharge of the feces through the opening. While the relief that followed the operation was not nearly so marked as it is to-day. Another annoyance and drawback to the operation, as formerly done, was that the opening was located *high* up in the left lumbar region, and patients were unable to dress themselves when an action occurred, and required the attention of an assistant. The lumbar operation was very popular, because of the fact that the colon could be opened and artificial anus established, without the necessity of opening *peritoneal cavity*. Great changes have taken place in the manner of making colotomies since we have demonstrated the fact that there is comparatively little danger in opening the peritoneal cavity, when done properly. Formerly the lumbar operation was the universal favorite, today it is rarely performed, and the *left inguinal* has taken its place.

The inguinal operation has come to stay, and it certainly has many advantages over the older operation, and surgeons give preference to it with few exceptions. Mr. Herbert Allingham has done more to point out its advantages than any other man. In fact, this operation is so simple, can be performed so quickly, is rarely fatal, is followed so seldom by annoying complication, and sequelæ that it readily commends itself, and today is performed almost daily in all our large hospitals. As a result, many sufferers, who in former years, would have been allowed to linger month after month, suffering from incessant diarrhea, pain, straining and hemorrhage, are given immediate relief and a new lease on life. Not only do they receive great relief, but they are not annoyed by the constant discharge of the feces. Again, the artificial opening being situated in the left groin, the patient can with the least amount of trouble, take care of himself. The bowels move in the morning, he irrigates the rectum with medicated solutions, adjusts his truss or bandage, and is ready for his daily work. With the opening so situated we have complete command of the disease, and if a proper *spur* has been made, it will be impossible for any of the feces to pass over the diseased bowel. Just here I wish to enter a protest against an uncalled for prejudice to the operation of colotomy that exists, not only in the minds of the laity, but of many physi-

cians; to the effect that a patient who has an artificial anus is always a most miserable person, for such is not the case.

When a stricture is present that is sufficiently marked to produce a mechanical obstruction the feces will collect above the point of obstruction, produce ulceration; as a result, undue peristalsis is excited, causing frequent stools; the liquid feces are readily discharged, while the solid portions remain and become hard and irregular in shape. As a result of this unnatural condition, these sufferers spend most of their time in the closet. In addition to the constant straining, they suffer the most intense pain, not only about the rectal region as the result of ulceration, fistula, etc., but reflected pains in the abdomen, back, and down the limbs. Some also suffer from frightful hemorrhages, fistula, abscess, etc. Now look at the above picture and tell me is it *humane* for us to let such a patient go on suffering when in twenty minutes we could give them permanent relief? I emphatically say, no, and that it is high time that we, as modern surgeons, should do everything in our power to put down this uncalled for prejudice which is founded upon *inveterate habit* and ingrained *ignorance*.

In cancer of the rectum we do not anticipate a cure by the operation, we only hope for an extension of life by relieving the most distressing and urgent symptoms. Cases of *non-malignant* stricture, and ulceration which refuse to heal after the usual treatment has failed, such as curetting, incising, and the application of caustic and astringent medicine, can only be relieved by colotomy. Mr. Herbert Allingham also makes a colotomy in cases of very extensive prolapsus of the rectum accompanied by ulceration. In conclusion, I wish to state that after having performed a large number of colotomies for both *malignant* and *non-malignant* disease, that in my practice I have not found the slightest grounds for this prejudice. But to the contrary, both my patients and myself have, in every instance, been highly pleased with the results obtained. It does not prevent a gentleman from attending to his usual duties, or a housewife from hers, or from wearing a corset, nor does it prevent her from attending a theater or dancing parties. And it is to be preferred to Kranks or any other operation yet devised for the relief of cancer of the rectum.

"An Optical Illusion Explained." •

The Richmond Recorder says:

"It is curious how much faster a street can hump along when you are running after it than when you are riding on it." It is also curious how much faster the "Atlanta Special" actually moves than it appears to one riding on it, to be, but the explanation is plain—the Seaboard Air-Line road-bed is so perfect that trains move over it at a speed of 60 miles an hour without jolt or jar. The "Atlanta Special" is the Seaboard Air-Line's Vestibuled Limited Train, operated solid between Washington, D.

C., and Atlanta, Ga., via Fredericksburg, Richmond, and Petersburg, Va., and Raleigh, N. C.

Guaiacol in the Treatment of Typhoid Fever in Children.

In the Journal of the American Medical Association, October 5th, 1895, Dr. Adolph Koenig gives his views on the treatment of typhoid fever in children. He believes it to be proven that typhoid fever is essentially a water borne disease. He further believes, that in the majority of instances, death from the disease is due to a secondary infection, during the latter stages of the disease, by other micro-organisms—the usual inhabitants of the intestinal tract which however, in health are innocuous. In his treatment he aims to prevent infection by these micro-organisms, during the period when the intestinal mucous membrane is ulcerated, and the disease practically a surgical one.

He divides the treatment into two forms, the initiary and the regular. The first resolves itself, more or less, into what might be termed tentative treatment. A child, when first seen, presenting the general symptoms of typhoid fever, he places under treatment with calomel, well triturated with sugar, in doses of one twentieth to one-tenth of a grain, every two or three hours according to age. This treatment associated with the withdrawal of all the solid food, clears out the intestinal tract and initiates the *antiseptic treatment*. After a few days, when the diagnosis of typhoid fever is well established, he recommends the following prescription, this constituting the *regular treatment*:

R.	Guaiacolis.....	f 5 i.
	Glycerini.....	f 5 i.
	Alcoholis.....	f 5 ii.

M. Sig.: One to six drops in whiskey and water every two hours, according to the age of the patient.

This treatment is continued throughout the course of the disease, the dose of the guaiacol being increased or decreased according to the severity of the symptoms. The whisky he believes, to conserve the vital powers of the patient and is given in doses of one-fourth to one teaspoonful, according to age.

Food should not be forced upon a patient, if any aversion for it exists. Meat broth, barley-water and milk, pure or diluted one-half with barley-water, in moderate quantities, are advised.

The calomel is withheld after free purgation is induced, to be again resorted to should the symptoms demand it. Dr. Koenig does not claim this treatment to cure every case, he reports two deaths, in children, during a period of several years; he claims, however, that an ordinary attack of typhoid fever is greatly modified, manifested in absence of tympanitis sordes on the teeth, lessened fermentation process in the intestines, and increased general well being of the patient. Cold sponging is the only antipyretic advised.

The treatment outlined by Dr. Koenig would appear to rest upon sound principles, and deserves trial.

Surgical Treatment of Cholelithiasis.

Dr. Hugh M. Taylor, in discussing this subject before the Richmond Medical and Surgical Society, impressed the fact that the surgery of the gall tract merits an interest second only to that accorded appendicitis and the pelvic phlegmons. In his opinion it is essentially surgical in its tendencies and responsible for much bad health and not a few deaths. He thought the importance of Cholelithiasis was indicated in its estimated frequency 10 per cent of adult males, 25 per cent of women and 37 per cent of the insane. Recent research, he thought, demonstrated that it was wrong to accept the conclusion that only from two to three per cent of the cases of gall stones gives trouble. In the light of recent diagnostic proficiency the conclusion is inevitable that many cases of cholelithiasis and its consequences are treated as gastralgia, indigestion, diaphragmatic pleurisy, enlargement of the liver, malarial, bilious and gastric fevers. In his early professional work he is satisfied he has seen many such mistakes made and the patients go on from bad to worse without being recognized as operable cases of cholelithiasis.

Enough, he thinks, has been ascertained to prove that medication can in no way benefit a case of impacted gall stones, an empyema or cystitis of the gall bladder or a cholangitis, and certainly the solution of gall stones by medication is a myth.

The difficult and, to some extent, unsolved problem is to classify the various morbid conditions, especially to differentiate between them clinically prior to an exploratory incision, and to adapt for each the most rational and available surgical procedure. In this particular field he sees opportunity for pioneer work.

The mission of surgical treatment is made clear, he thinks, if the fact is kept in mind that the gall tract is a drain through which the bile from the liver and mucous from the gall-bladder must pass unobstructed to insure good health. He would also impress the fact that an obstruction in the cystic duct dams back the secretions of the gall-bladder only, while an obstruction in the common duct dams back the bile from the liver as well as the mucous from the gall bladder. Obstruction of the cystic duct induces dropsy, empyema, or chronic cystitis of the gall bladder, inflammation of its coats including the peritoneal investment, perforation or gangrene and the local and constitutional symptoms incident to such morbid conditions. Its legitimate position within the province of surgery would, he thought, be unquestioned, if we recall the fact that obstruction of the common duct induces inflammation of the duct (cholangitis), extension to the peritoneal investment (local peritonitis), adhesions and, perhaps, ulceration and perforation, decompositions of the retained products within the duct, systematic poison and choleraemia, accompanied by chills, fevers, sweats, etc., which stimulate so closely malarial, bilious, gastric fever, etc.

Especially would he impress the rule: No jaundice in cystic duct obstruction, varying jaundice in common duct obstruction from stone, unvarying jaundice from impermeable stenosis obstruction or neoplastic pressure of the common duct, and the further fact that obstruction of the common duct from whatever cause, if persistent and complete, induces cholemia and its consequences, not the least serious one of which is its predisposing to ante and post-operative hemorrhage.

He thinks we cannot, without a due appreciation of the morbid conditions of the gall-tract, solve the problem as to which of the many operations is indicated. A good division is to consider the (a) morbid conditions and the consequences of stone in the gall-bladder, (b) stone impacted in or causing stenosis of the cystic duct, (c) stone or stones impacted in the common duct. For the relief of the products of the first, i. e., empyema or chronic cystitis of the gall-bladder, cholecystenterostomy is indicated. If as a result of the inflammatory adhesions the gall bladder is contracted so much that sutures or the Murphy Anastomosis button can be used, then cholecystostomy is indicated and for irremediable stenosis of the cystic duct cholecystenterostomy is also indicated. He thinks, however, there is a limited field for the operation of cholecystenterostomy because obstruction of the common duct is the obstruction which most frequently gives rise to trouble. Cholecystenterostomy does not remove the stone impacted in the common duct; choledochotomy does, and hence its advantage. The stone is no longer left in the duct to act as an irritant and the gall-tract's continuity is restored and also its function as a drain. Choledochotomy is to his mind the ideal operation and, will be applicable to a larger number of cases when the importance of early operative interference is impressed—operative interference before the occurrence of frequent and long continued attacks of local peritonitis results in massing the parts around the gall-tract and rendering the duct.

The Bandage as a Test of the Eye Before Cataract Operation.

Dr. Nuell in an interesting paper contributed to the *Annales* suggests that prior to operations for cataract the eye be closed by a bandage for 24 hours in order to ascertain if the conjunctival sack be free from irritant microbic action. It has been observed that under certain conditions, if the eye lids be closed by means of a bandage, the eye thus closed becomes red and irritated owing to the rapid development of microbes present in the sack. Infection of the wound is liable to occur if the eye should undergo an operation while these germs are present. The idea set forth by the writer is: The conjunctiva of all eyes about to undergo an operation in which the eye ball is opened should receive antiseptic irrigation to remove and destroy all germs, and in order to determine their absence the eye is closed for a period of 24 hours, by means of a bandage, at the end

of which time if the conjunctiva is pale and dry the operation can proceed in safety; but on the other hand, if irritation be now observed the operation should be postponed until the eye is rendered sufficiently aseptic as revealed by another application of the bandage.

It has been the rule of the reviewer to have his "cataract cases" use antiseptic eye lotions for several days or weeks prior to operation, and it has seemed that eyes thus treated healed more kindly and with less inflammatory reaction than those in which it was not possible to use this precaution.

Dr. Geo. T. Elliott reported at the meeting of the American Dermatological Association, held at Montreal in September, results of his investigations into the cause of alopecia praematura or praesenilis. He found that of 344 cases of the disease seen in two and a half years in his private practice, 91.86 per cent. were due to the local process—eczema seborrhoicum—5.52 per cent. to general systemic conditions, 1.45 per cent. were of unknown origin, and only 1.16 per cent. were the result of heredity and nothing else. The belief that this latter is the most frequent and important cause of early loss of hair is thus shown to be entirely erroneous and not founded upon fact. In reality, when all the patients, who claimed heredity as a cause of their alopecia, were examined, the local disease was found existing on them at the time of consultation; when the parents accused of transmitting the hereditary complaint were also examined, they were likewise found to have the same local disease, and grounds of accusing *contagion* and not *heredity* were abundantly present. Particularly was this opinion emphasized by the bacteriological report contained in the paper and furnished by Dr. W. H. Merrill, who had been studying the micro-organisms of Eczema seborrhoicum for some two years. Dr. Merrill had isolated two varieties of Diplococci, the one non-chromogenic, the other chromogenic. He obtained pure cultures of each and when the first was inoculated on the scalp, he produced pityriasis lesions accompanied by loss of hair; with the second variety, reddened patches covered with greasy scales developed; when both were inoculated at the same time, then red areas covered with thick greasy crusts resulted. In other words, inoculations made with the Diplococci produced lesions of the disease—Eczema seborrhoicum—and these are the first successful ones made up to now.

The fact that premature loss of hair is due in the enormous majority of cases to this local disease and not to heredity is of the greatest importance. It is a preventable and curable disease and, if recognized as the prime cause of alopecia and properly treated, the result of a great diminution in cases of baldness would be obtained. The frequency of this latter is unquestionably due to the general belief that is always of hereditary origin and that there is, therefore, no help for it, whereas in over 90 per cent. of cases the opposite is the case.

The Leucocytes in Diseases of Microbic Origin.

The above is the title of a paper read at the last meeting of the Kentucky State Medical Society, at Harrodsburgh, by Francis Marion Greene, M. D.

The older physicians explained the causes of diseases generally, by the use of the term, "Materies Morbi," of which they could give no lucid or definite explanation.

The equally mysterious part taken by nature in the cure of disease was explained by the use of the aphorism "*vis medicatrix naturæ*." It was reserved to the modern science of bacteriology and microscopy to explain these terms.

"Materies morbi" are really living germs, which are entering the system, because pathogenic in character.

Both the power to cure, and to resist disease, resides in the white corpuscles of the blood (or leucocytes).

They possess the power to counteract, destroy, or remove from the system offending vegetable parasites, which are classed under the general head of bacteria. While engaged in this important work they are called phagocytes.

Until the microscope revealed their nature they were regarded as entitled to second place only in the animal economy.

They are apparently subject to sudden growth, or increase wherever there is demand for repair, or defence against the inroads of pathogenic germs. This increase we term leucocytosis, and may be physiological or pathological.

In inflammation of the various organs, in fevers generally, we have pathological, or inflammatory leucocytosis.

Classification of leucocytes is imperfect, and we recognize the following varieties: non nucleated, mono-nucleated, and polynucleated. It has not been determined whether these different varieties represent the leucocytes in the different stages of its development.

The most wonderful feature of the polynucleated leucocyte is its protoplasmic constructiitiy, and power to move from place to place, and to penetrate the walls of blood vessels. They are the phagocytes. They have a distinct cell wall and nucleus, the latter showing one or more nuclioli. They obtain their sustenance from the proteids of the circulation by osmotic action, and these are converted into nuclein.

Julius Coxenheim's beautiful experiments upon the frog's mesentery showed the part played by the leucocyte in inflammation caused by micro-organisms. They leave the axial current, stick to the sides of blood vessels and immediately engage in their work of phagocytosis.

In illustration of the role played by them in disease we instance two affections entirely opposite in premonitory symptoms and mode of attack,

namely, croupous pneumonia and typhoid fever. In the former we have a distinct rigor, followed immediately by pyrexia.

During the congestive stage there is stasis or slowing of the blood current, which immerses into the second or stage of red hepatisation. The leucocytes sometimes make short work with the bacilli in this stage and the disease is aborted. More frequently the crisis is reached by the fifth to seventh day.

The disease is now merged into the third stage, and large numbers of the white corpuscles are destroyed, and having undergone a sort of fatty degeneration are discharged by expectoration, with other debris of inflammation.

In typhoid fever the process of leucocytosis is much slower and attended with greater difficulties.

The Eberth bacilli find lodgment in the glands of the illum (Peyrus and Bruns) and so slow and steadily their work goes on, that the diagnosis is often obscure and uncertain.

Walking cases of this fever are not infrequent, and the first intimation of danger may be hemorrhage, or the grayer symptoms of perforation.

If our etiology of these affections be correct there must be a radical change in treatment.

Many physicians have adopted the treatment of application of cold and the immersion bath in pneumonia, and with far better success than the heroic treatment formerly.

Brand, of Stettin, introduced, or advocated, the hydropathic treatment of typhoid fever, by the application of cold water to the surface, the immersion bath, &c.

It has been shown that this is a powerful means of promoting leucocytosis so that the plan has not for its object alone the reduction of temperature.

In all diseases of microbic origin, there remains the principal indications: 1st. Destroy the germ at its place of entrance "loci-lesions" and, securely counteract the toxisms produced by its presence in the blood.

Intra-vascular disinfection, by remedies absorbed into the general circulation, and remedies which when applied locally prove to be bactericidal.

In the essay spoken of above, I had occasion to speak of the Woodbridge mode of treating typhoid fever. During the past summer, I had a number of typhoid fever cases in which the Woodbridge plan was adopted and am obliged to acknowledge that the measure appears to be abortion when resorted to early in the disease.

The remedies consist of a combination of podophyllum, mild chloride of mercury, guaiacal, carbonate, menthol, thymol, eucalyptol. After employing twenty-four names it was observed that the bed, bedding pers-

piration, urine, and alvine discharges, all appeared to be saturated with their odor.

The two cardinal indications were thus fulfilled—intra-vascular disinfection—with the carb. guaiacal, acting as a bactericide, in the ileum, where above it appears to be dissolved creosote has been found by Sommerbrodt, Rorenthel, Bouchard and others to be invaluable in the treatment of phthisis, and curative in its early stages. Hoelscher found its action principal guaiacal of inestinal value in typhoid fever. The gastro-intestinal canal is improved from its earliest beginning. The bacilli in the excrement becomes less and soon disappears. The pyrexia is removed and thus by destroying the cause the temperature is very soon reduced to normal.

Hydraulic Curetting of the Cornea.

Dr. Sautarnecchi (Cario) writes a very instructive paper on the above subject (*Annals D'Ocellistique*, Sept.) in which he advocates the use of water, thrown in a continuous stream upon the corneal ulcer, claiming for this simple treatment great efficiency. He uses an ordinary Anel's syringe, and after applying a sol. of cocaine (1 per cent.) the lids are separated and the ulcer and its edges are attacked with the jet. This is continued until all ulcerated tissue is detached and washed away, when the eye is closed and a bandage applied.

The immediate reaction is usually insignificant; pain and photophobia cease; and the infiltrated portions of the cornea clear up with surpassing rapidity. A history of six cases thus treated is given.

[This plan of treatment ought to be given a thorough trial, as it is easily carried out and can be readily applied by the general practitioner (using his hypodermic syringe to throw the jet). In another part of this issue, the iodine treatment for corneal ulcers is advised by Van due Bergh. Would it not be advantageous to combine the two plans, using hydraulic curetting first, then rendering the ulcer aseptic by applying Tr. Iodine?]

Chronic Glaucoma.

At the meeting of the British Medical Association, held in London, August, 1895, Mr. Nettleship stated that many cases of chronic glaucoma depend upon moral depression, and in the course of time recover by the use of eserine. He also had observed a special form of glaucoma, associated with menstrual disturbances that is not cured by iridectomy, but does not mention whether it is acute or chronic.

Mr. Critchett, in discussion, held that chronic glaucoma requires immediate operative treatment. He regards the establishment of a cystoid cicatrix as of the greatest importance.

Infectious Corneal Ulcers Treated by Tincture of Iodine.

It was Chilret who first proposed to use Tr. Iodine directly to the corneal ulcer, but the suggestion did not seem to meet with a hearty approval. In August, Dr. Van due Bergh, in a paper contributed to *La Presse Medic*, advocating the use of Tr. Iodine in ulcers of the corneal, reports the following case:

A patient presented for treatment having an infectious ulcer of the cornea. The ulcer was about one sixth inch in diameter, and extended from the lower border of the corneal periphery to the centre of the pupil. The characteristic yellow border, "half moon shape," which indicated the direction the ulcerative process was pursuing was towards the pupil and, of course, threatened the complete destruction of the cornea.

On the first day an application of Tr. Iodine was made, morning and evening, by means of a little wad of cotton rolled on a probe. The application was made so as to cover the entire surface of the ulcer, and the yellow semi-luna border was carefully touched. Progress of the ulcer at once ceased, and in eight days cicatrization was complete. Your reviewer would suggest the application first of cocaine, then with a delicate curette scrape away the yellow pus on the semi-lunar border before applying the Iodine.

Post-Operative Intestinal Obstruction.

At the October meeting of the Virginia State Medical Society Dr. Hugh M. Taylor, of Richmond, read a paper on this subject. He says that the death rate from this form of obstruction may reasonably be believed to be larger than from 1 to 2 per cent. He divides the cases of obstruction into (a) those caused mechanically by twists, adhesions, hernias, matting of the bowel, etc. (b) Those due to sepsis and intestinal paresis incident to sepsis. (c) Those due to intestinal paresis, and obstruction caused by injury to the nerve supply of the muscular coat of the bowel.

The exact diagnosis cannot be made during the first twenty-four hours. Hence we are often compelled to delay operative relief. We can do much toward preventing intra-peritoneal adhesions, by covering the surfaces abraded of endothelium, and especially the stumps or ribbons of omentum. Plastic work to close pockets, and to bridge over abrasions, is all-important. To do away with the chances of adhesion, some use a thin coating of aristol on denuded surfaces; others wipe out the cavity with a sponge saturated with sterilized olive oil. But this latter, as well the use of the actual cautery, are of questioned safety. Normal saline solutions, or sterilized water alone, are rapidly taking the place of anti-septic irritants, as they do not devitalize the tissues. It is claimed that flushing the abdominal cavity with sterilized warm water, or sterilized weak saline solution, and closing the abdomen, with this fluid left in it,

prevents adhesions. Dr. Adenot points out that some cases of post-operative occlusion are due to the physiological impermeability of left sub-costal angle of the colon. Catheeterism of the rectum with flexible tubes may succeed in relieving the stricture in some cases, whether associated with gases or fluid. If an occlusion should form after laparotomy, and not be relieved by simpler measures, do not hesitate to reopen the abdomen. Use no opium after laparotomy. Turn the patient from time to time on his side. Purgatives after laparatomies do good in many ways in preventing septic obstruction; but after intestinal paresis occurs, they do injury. Expectant treatment is only justifiable in abdominal lesions, where the diagnosis of intestinal obstruction is positively excluded. The only rational remedial resource is early operative interference in cases of recognized post-operative obstruction of the bowels.

How We Intended to Check Substitution of Drugs.

Owing to the fact that substitution of drugs is practiced to a great extent, we earnestly request our readers to assist us in reporting to us all cases in which they may have been the victims of this criminal offense, giving the name and address of imposters, also all particulars to substantiate the statement, such as sworn affidavit, etc.

We will expose in our columns the names of fraudulent dealers on receipt of satisfactory evidence.

All our readers will admit, that a doctor who prescribes a certain remedy expects that his prescription shall be filled accordingly. A druggist has no right whatever to use his judgment in the matter, otherwise he places the reputation of the physician as well as the life of his patient in jeopardy.

Feeling that all doctors, honest druggists, and manufacturers of legitimate preparations will be benefitted by our action in this matter, we solicit their assistance.

The above notice must be considered as a warning to druggists who believe that they are at liberty to substitute drugs

The Local Treatment of Puerperal Endometritis.

Professor Van der Mey says whenever any such fever occurs during puerpery as can only be attributed to infection of the genital tract, a most careful examination is made, and if any ulceration due to a puerperal lesion be found, after disinfection with sublimate solution the vulva and vagina are painted with tincture of iodine, and if after this the temperature does not decrease, the cavity of the uterus and the cervical canal are—after having been thoroughly disinfected with a solution of corrosive sublimate or carbolic acid—swabbed out with the tincture of iodine.

Fifty-two observations show that this treatment, if not unduly delayed after the appearance of the fever, is found in the greater number of cases to arrest the development of the infection.

The Treatment of Melancholia.

In a discussion on the treatment of melancholia before the British Medical Association, Dr. Henry Rayner said: "Emotion has been shown by Sollier and others to be closely related to the general peripheral sensibility, especially to the visceral aesthesia or coenæsthesia; and it has been asserted by Dumas that a lowered coenæsthesia is the invariable antecedent in melancholic states, whether of somatic or mental origin, and this view is of interest in considering the mutual reactions of brain and body. And local peripheral irritation has been frequently found to develop marked emotional changes, which have instantly ceased on the removal of the irritation. Emotions centrically originated, even in health, markedly effect all the bodily processes, and in disease these results are still more strikingly manifested. In melancholic states this reaction of the body on the cerebral function and of the cerebral condition on the body establishes a vicious cycle of nutrition which should never be lost sight of in their treatment.

The defect of assimilative power in melancholics is another marked characteristic. They manifest a want of balance between assimilation and function. This nutritional inadequacy is manifested functionally by nervous irritability and rapid exhaustion. Acquired predisposition often adds to defect of excretory power, manifested by a special susceptibility to all toxic conditions and characterised by the habitually low specific gravity of the urine.

Melancholic states when established are remarkable for the complexity of their causation. In the same case may be found hereditary predisposition, ill habits of living, peripheral irritations, organic disorders, with toxic conditions and mental causes. In early stages the removal of one or more of these contributory conditions will advantageously effect or even cure the case. Later, when the disorder has become fully established the vicious cycle of action and reaction of the bodily conditions on the cerebral and *vice versa*, will carry on the disorder in spite of the removal of the causes which at first exercised a great show in its development. This view emphasises the value and importance of early treatment, especially in the pre-asylum stage. The melancholic state being essentially one of nervous exhaustion and malnutrition, every effort should be made to restore lost weight. In all conditions where there appears marked depression of the innervation of the organic functions rest in bed is indicated. Rest in bed with isolation is indicated in cases of extreme sensory irritability. The quantity of food must often be not only in excess of appetite, but in excess of the actual nutritional demands of the body. The quality of food should be rich in fats and milks. Albuminous food should be limited in elderly persons. Increase in weight is usually a safe guide in progress in treatment, and a stringent watch should be kept on any decrease.

Some Points in the Treatment of Syphilis.

Wickham (British Medical Journal) gives some of the more recent views held in France as to the treatment of syphilis. Abadie is a warm partisan of the treatment by the intravenous injection of the preparations of mercury. He uses a one per cent. solution of cyanide of mercury. The syringe is made entirely of glass, so that it can be perfectly sterilized. The arm is ligatured about its middle with a handkerchief to make the veins of the forearm swell. The vein is selected and the skin thoroughly sterilized. The syringe, holding one gramme, is completely filled. The needle is passed through a flame and then gently pushed into the vein, being held almost in the direction of the axis of the vessel till it is felt to be in the cavity of the vein. The handkerchief is removed and the piston of the syringe is gently pushed home; an antiseptic dressing is applied. Abadie has made more than four hundred injections without bad results. It is claimed that this method is more energetic than any other manner of giving mercury, and it is free from the objections of the ordinary hypodermic method of administering mercury, such as painful nodes or even abscesses at the sites of puncture. It is the opinion of some of the best syphilographers in France that this method ought to be reserved for exceptional cases, as one can very readily see that it is capable of causing serious accidents.

It is universally admitted that treatment should be begun early in syphilis. The only question is, ought one to begin when a probable diagnosis of chancre can be made, or ought he to wait for unmistakable evidences of syphilis? The author does not believe that a diagnosis can be made, based on the appearance of the chancre alone. The following points ought to help to confirm the diagnosis at an early period (before the roseola): 1, the peculiarities of the sore; 2, the adenopathy; 3, the chronological history of the sore; 4, confrontation; 5, absence of the strepto-bacillus of Ducrey and Unna, to eliminate the possibility of soft sore; 6, the evolution of the sore watched for a period.

The author sides with Fournier in believing that for the vast majority of cases the treatment continued over long periods and interrupted at times is the best. The other method should be reserved for emergencies or cases of peculiar obstinacy.

Respiratory Capacity.

Enlarged breathing capacity is desirable for many reasons. It not only insures an abundant supply of oxygen—which may be called its direct effect—but, indirectly, it produces results of great æsthetic value. It deepens and broadens the chest, causing the figure to become more erect, the step more elastic and vigorous, and the carriage of the body more pleasing and graceful.

Borax in Epilepsy.

Fere (British Med. Journal) reports the results of the treatment of 122 cases of epilepsy by borax. The drug was given in large doses (2 g., rising gradually to as much as 20 g. a day), and in some cases for many months. In about two-thirds of the cases (71.31 per cent.) the treatment had no effect. In about a fifth (19.67 per cent.) some doubtful or temporary improvement was noticed, less than the benefit derived from bromides. In the remainder (9.01 per cent.) the improvement was marked, though the duration of the observations, was too short to permit it to be stated that the improvement was permanent. The great drawback to the use of the drug is the frequency with which its continued use in large doses produces toxic symptoms. To this subject Fere devotes the greater part of his paper. The earliest as well as the most frequent symptoms are due to derangement of the alimentary tract. Nausea and vomiting preceded as a rule for a few days by loss of appetite, and heaviness and burning in the pit of the stomach. In some cases these symptoms may be diminished or removed by administering intestinal antiseptics, or by giving the borax dissolved in glycerine instead of water. Extreme dryness of the skin with suppression of the fatty secretion, as well as dryness of the mucous membranes, may also be produced by the large doses of borax requisite in the treatment of epilepsy. The hair also is affected; it becomes dry, and may fall out, producing complete baldness. Various lesions of the skin may be produced by borax, among others (1) psoriasis in persons indisposed to that affection. The most common affection is a form of (2) eczema resembling seborrheic eczema. The affection begins as papules or circles with red squamous borders, which first appear generally on the lower part of the trunk or abdomen and on the upper limbs, in that is to say, parts of the body where the sebaceous secretion is most scanty. Fine branny desquamation of the hairy scalp with or without loss of hair may accompany the appearance of a form of the skin affection to which the term seborrheic acne is applied. These skin affections disappear when the administration of borax is suspended, and may be kept under during its use by giving intestinal antiseptics or by resort to local treatment by oxide of zinc, sulphur, or salicylic acid. Other less common affections of the skin are (3) the appearance of red plaques which may be confluent and very extensive, may present resemblances to the rash of measles or scarlet fever, and may be followed by desquamation. (4) A papular eruption accompanied by pruritus, and followed sometimes by desquamation. The continued administration of borax produces in some cases a cachectic state, characterized by wasting, a waxy tint of the skin, discoloration of the mucous membranes, puffiness of the face, and sometimes general oedema. In a certain portion of the cases of oedema there is albuminuria, and in such cases uræmia may de-

velop with great rapidity. Borax appears in the urine in health half an hour after ingestion, and may continue to be excreted by the kidneys for weeks after the suspension of treatment. On the whole Fere concludes that borax is more efficacious than the bromides in a small proportion of cases of epilepsy, and that therefore it should be tried when the bromides fail. It must be regarded, however, as a dangerous remedy owing to its power of producing or aggravating lesions of the kidneys even when given in small doses.

Pain.

Professor Potain, (Quarterly Med. Journal.) In an interesting clinical lecture defends the apparently commonplace character of his subject by alluding to its importance in prognosis and treatment, and to the fact that without its occurrence the greater number of patients would never come for treatment. He begins by mentioning certain cases in which pain, though commonly present, is absent, such as ambulatory typhoid, latent pleurisy, angina pectoris, and which are often indirectly far more grave. Insidious diseases also, that is, those which give no painful warning, such as chronic nephritis, are always serious, because neglected. Sometimes pain is the whole of the disease, as in gastralgia, enteralgia; at others it is the predominant symptom, and it is then important to ascertain its intensity, position and character. The intensity, except when agonising, is comparatively little value clinically, though at times the very intensity of the pain may itself produce death. The position of the pain, however, is of very great clinical importance, and in ascertaining this, a distinction has to be made between spontaneous pain and pain produced by pressure—in other words, tenderness. Under the former head the author begins with pains due to general diseases, such as various exanthemata, poisoning by lead, arsenic, carbon monoxide, tea, coffee and tobacco; next, to those due to local diseases, mostly surgical, but of great importance to the physician in visceral affections. Under this head are also mentioned the radiating pains; on the one hand, the extension of pain along the greater part of the "nervous territory" in which the disease is, and on the other hand the reflection of pain along a nearer or more distant area. These latter are of great importance in diagnosis, and are enumerated at some length, for example, pain in the thighs in the constipation of old people, precordial pain in affections of the colon, which the author says is the condition in 70 per cent. of persons who complain of "heart disease." Sometimes the seat of the disease is painless, whilst only the reflex pain is present. As regards provoked pain or tenderness, it is of extreme value in diagnosing a neuralgia from a neuritis, or local disease from a reflex pain. The subjective character of pain is of much less importance; although Hahnemann divided it into seventy-five varie-

ties, exception may be made in a few cases, such as the characteristic pains of tabes, angina pectoris, &c., although the typical pain of latter, with fear of impending death, is by no means always present. The type of pain, whether continuous or intermittent or paroxysmal, is also to be carefully considered.

The Treatment of Tuberculosis.

On passing in review the multitude of remedies recommended from time to time against that scourge of mankind—pulmonary tuberculosis—one cannot but be struck by the paucity of our therapeutic resources. The demonstration of the microbial origin of phthisis effected a revolution in the treatment, and led to the internal administration of antiseptics, such as creosote, the use of which has been attended with some measure of success. Attempts have also been made to combat the disease by the subcutaneous employment of antiseptics, and among these Aristol or dithymol has been employed with effects sufficiently favorable to warrant a general trial. In a communication to the Paris Academy of Medicine, several years ago, Dr. Nadaud reported twenty-three cases of pulmonary tuberculosis, in seven of which a complete cure was produced by subcutaneous injections of a one per cent. solution of Aristol. He regarded the drug as perfectly innocuous and found that it was an active antiseptic and rapidly promoted the nutrition. In his opinion, it was useful in the first and second stages of the tuberculous process, but unavailable when cavities had formed. These favorable results were confirmed by Dr. Da Silva, while Dr. Ochs, who also experimented with the remedy in six cases, wrote less encouragingly of its use. On the other hand, Dr. Berardinone, who tried Aristol in twelve cases reached the same conclusions regarding its value as Nadaud. He employed it, however, in larger quantities, injecting a 15 per cent solution. According to his investigations the remedy is especially efficient in the early stages of tuberculosis, reducing the temperature, diminishing the cough, expectoration, and number of bacilli in the sputum, and producing a rapid gain in weight. The last physician to publish his experience with Aristol is Dr. S. S. Grusdieff (*Therap. Wochenschr.*, Sept. 1, 1895,) who treated thirty-three patients with subcutaneous injections of the drug in amounts of 0.01 to 0.45 Gm. daily. Under its use the bacilli were diminished or disappeared from the sputum, which also became less abundant and tenacious; the cough and night sweats were greatly relieved; and in three cases the physical signs completely subsided, so that the patients appeared entirely cured. Aside from the pains caused by the injections, which can be readily tolerated, the remedy proved perfectly innocuous, and, in the authors opinion, there is reason to hope that in the case of older persons it will be a valuable addition to the materia medica of pulmonary tuberculosis.

The Gonococcus and Gonorrhœal Manifestations.

Marcel (Transactions of the British Medical Society) in a very exhaustive paper on the gonococcus, its cultivation, differentiation and history, describes the various causes of non-specific urethritis, rectal and buccal blenorrhagia and the complications of gonorrhœa, and gonorrhœa as a general disease. His conclusions are as follows:

1. Gonorrhœa is a specific disease, arising only from a previous case; the cause is Neisser's gonococcus, which can in most cases be differentiated by its various reactions.

2. Secondary infections play a great *role* in gonorrhœa, and it has been proved that these secondary infections are responsible for numerous complications, both immediate and remote.

3. Contrary to what has been sustained, the gonococcus can pass the limits of the organ primarily inoculated, and can itself cause numerous complications, whether these are due to its deep extension, its ascension on the surface, or to its diffusion in the organism. The possibility of this diffusion is demonstrated by certain positive facts, at present limited in number, but which are continually increasing in proportion as the question is better studied; the frequency of this diffusion cannot yet be appreciated.

4. The *role* of microbic toxins, extremely probable for a great number of cases, but difficult of proof, remains yet to be demonstrated.

Concerning the Action of the Diphtheria Antitoxin on the Kidneys and on the Heart.

C. V. Kahlden made the following experiments in order to determine whether or not the diphtheria antitoxin has any special effect upon the heart or upon the kidneys. He injected guinea pigs and rabbits with very large quantities of serum as compared with the body weight of the animals and then after one or more injections the animals were killed and the kidneys and the heart muscle examined microscopically, after fixing and hardening according to the most approved methods. There were no changes of any kind to be found, either in the kidneys or in the heart muscle. V. Kahlden is not prepared to say from the results of these experiments that the serum might not aggravate the morbid process often present in the kidneys of human diphtheric patients as the result of the elimination of the toxic products of the diphtheria bacillus, but direct anatomic evidence of such an effect is still lacking.

I can say that Peacock's Bromides will do all that is claimed for it. It is much more active and certain than the commercial salts.

Grand Rapids, Mich.

G. H. CHAPPELL, M. D.



A Method of Restoring Persons Apparently Dead from Chloroform.

C. A. Leedham-Green (Birmingham Med. Rev.) recalls a method of resuscitation described by König, and modified by Maas. The operator stands facing the patient on his left side, and places the ball of the thumb of the opened right hand upon the patient's chest between the apex beat and the sternum; he then presses in the thoracic wall with a quick, strong movement at the rate of about 120 times to the minute. The author describes the case of a child aged 4 months, whose pulse and respiration ceased at the conclusion of the operation of circumcision, for which chloroform had been administered. Various measures, including Sylvester method and inversion were tried for seven minutes, during which time neither heart beat nor respiratory effort could be detected, the patient being apparently dead. Rapid compression of the præcordium, as above described, was then resorted to, and at the end of three minutes the child made a faint gasp, a little later a feeble heart throb was felt, and in a few moments all danger was passed.

Certain Micro-Organisms of Obstetrical and Gynecological Interest.

Dr. G. D. Robinson (Transactions of the London Obstetrical Society) read a paper on this subject, in which he pointed out the fact that in fatal cases of puerperal sepsis the streptococcus pyogenes was constantly found in the blood and tissues. He mentioned some of the circumstances which caused increase or diminution of virulence in this organism. Normally after labor the uterine cavity was known to contain no microbe; but in cases of puerperal sepsis many micro-organisms of different sorts were found both in the uterine cavity and in the substance of the decidua. Of these the streptococcus pyogenes appeared alone to be able to pass through the uterine walls along the veins and lymphatics, and so to cause a general infection. This microbe might in these cases cause death without producing any obvious lesion, and 3 cases were cited. Much more frequently the streptococcus set up suppuration in various tissues. Sometimes this microbe produced false membranes on the peritoneum or genital tract, with or without suppuration. Two cases were cited. Lately in some cases of phlegmasia dolens the streptococcus pyogenes had been found in the clots plugging the veins of the uterine walls and broad ligaments (more rarely in the clots in the iliac veins), and even infiltrating the wall itself. Dr. Robinson next pointed out the supposed connection of the bacillus coli communis with various inflammations (usually suppurative) of the human body. He quoted a case in which a woman four months' pregnant had intestinal obstruction from retroversion of a gravid uterus. Abortion occurred four days after reposition, and was followed in a few hours by fever and diarrhoea, which continued until the death of

the patients five days later. During life pure cultures of the bacillus coli communis were obtained from the uterine discharge, and after death these were obtained from the uterine cavity, peritoneum, and heart's blood also. Attention was next drawn to the gonococcus, its appearance as seen in gonorrhœal pus or in pus cultures, and its relation to gonorrhœal discharges, and the situations in which had been found.

Placental Circulation and Morphinomania.

Bureau (Ex. August 25th, 1895) attending a patient who had taken morphine for seven years, and who when he saw her took as much as 15 grains of that alkaloid daily. She was pregnant for the fourth time. At length she was spontaneously delivered of a child with talipes of one foot. As the cord was divided Bureau collected the blood of the placenta and umbilical vessels. On chemical analysis morphine was detected in the blood.

Starvation.

If your patient is suffering from impaired indigestion, or, in other words, starving, not from lack of food, but from lack of digestion, then prescribe Seng, two teaspoonfuls before each meal.

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Electrotherapy as a Means of Diagnosis in Gynæcology.

Dr. Apostoli, after a long and thorough trial of his method, has come to the following general conclusions :

1. The faradic current of tension (generated by the coil of long and fine wire) applied to the uterine cavity, according to the rules established by Dr. Apostoli in 1883, relieves, for a longer or shorter time, all ovarian pain of nervous or hysterical origin ; but remains powerless or nearly so in cases of ovarian pain caused by inflammatory lesion of the peri-uterine tissue or of the appendages.

2. The same faradic current is therefore useful in diagnosis, inasmuch as it helps us to distinguish the nature of so-called ovarian pain, and to determine rapidly the differential diagnosis between hysterical and inflammatory ovarian pain. Where the two kinds of pain exist in the same patient we are helped to understand their nature by the fact that the one is relieved and the other is not.

3. If, then, the curative effect of the faradic current clears up or rectifies a doubtful diagnosis, it protects us at the same time, from undertaking a useless operation.

On the other hand, if the same faradic current proves ineffective, the lesion being inflammatory, we are led to resort to a supplementary galvanic treatment or to a surgical operation sooner or later.

4. The constant galvanic current, applied to the uterine cavity in doses gradually increasing from 50 to 120 milliamperes, according to the rules published by Dr. Apostoli in 1884, and bearing in mind the individual susceptibility and tolerance, will be almost always supported without much pain during the seance, and without febrile reaction afterward, if the parts adjacent to the uterus are free from inflammation.

Simple cystic, peri-uterine tumors, which are neither inflamed nor suppurating (such as ovarian cysts and hydro-salpinx), may also show perfect tolerance of the galvanic current.

The galvanic current is also sometimes perfectly supported by cases in which the uterus is surrounded by old inflammatory products or exudations no longer pathogenic.

5. There are three classes of cases which should be considered as exceptions to the preceding rule, for they bear the galvanic current more or less badly, though they do not necessarily produce much febrile reaction after the seance.

They are :

A.—Certain forms of hysteria.

B.—Fibro-cystic tumors of the uterus.

C.—Enteritis with false membrane.

It is generally easy to diagnose these cases of intolerance.

6. All acute peri-uterine inflammation (of the pelvic cellular tissues, of the peritoneum and especially of the appendages) will cause the galvanic current to be badly borne when it passes 40 or 50 milliamperes, and will cause intolerable pain and febrile reaction when carried beyond this intensity.

7. The intolerance for the galvanic current is generally proportionate to the extent and gravity of the lesions referred to and increases with the intensity of the current employed—especially when it passes 40 or 50 milliamperes.

8. All inflammation of the appendages which is *curable (systematically at least)* without radical operation, will bear the galvanic current better and better, and there will be a corresponding improvement of the prominent symptoms such as pain and hemorrhages.

The intolerance noted at the beginning progressive disappears.

9. All grave inflammatory lesions of the appendages, and notably all suppurative processes which are *incurable (even symptomatically)* by conservative means, show the same intolerance from the beginning to the end of the treatment which was noticed at first, and which is apt to increase instead of diminish if the treatment is continued.

10. Thus, the simple study of the tolerance or intolerance of the intra-uterine galvanic treatment, and especially of the post-operative pain and fever occurring on the evening of, or the day following the treatment, enables us to make the diagnosis. It also, in 4 or 5 seances, given twice weekly, informs us of the condition of the appendages, of their possible inflammation and its degree, and in this way it lessens the number of laparatomies and exploratory incisions.

11. The same study of the so-called galvanic reactions also informs us rapidly (in 5 to 10 seances) of the curability of these inflammatory lesions which the electric current has demonstrated, and in consequence of this it tells us in one case to abstain from operation, while in another it shows in operation to be urgent.

12. En resume, Gynæcological Electro-Therapeutics, carefully, methodically and patiently applied, instead of being opposed to the marvellous progress of surgery, comes to its aid.

Independently, in fact, of the great therapeutic service which it renders every day, electricity serves as a *touch-stone*; it assists us in diagnosis and thus directly serves the interests of surgery, in one case showing an operation to be useless and dangerous, in another that its necessity is urgent.

Thus many of the laparatomies, so-called exploratory incisions and mutilations practiced without due deliberation for the relief of rebellious ovarian pain or for lesions of the appendages of uncertain nature, should be, from this time forth, delayed or formally proscribed until all the re-

sources of *faradic sedation* on the one hand and of the *intra-uterine galvanic effect* on the other, have been tried. Experience has abundantly proved these currents to be innocuous, if given with necessary aseptic precautions.

The Therapy of Ammonol.

[Gaillard's Medical Journal.]

A practical clinical test of Ammonol seems to show that it is one of the most valuable of the recently devised coal-tar products. Its chemical nomenclature is Ammoniated Phenylacetamide. The ammonia is probably in combination with some basic salt into which it has entered during the process of manufacture. Be this as it may, the presence of the ammonia vastly increases the therapeutic effect of the coal-tar derivative over its curative range, and tends to neutralize and even completely antagonize the depression which usually follows the administration of the synthetical coal-tar derivatives.

The remedy is an excellent one, when given in doses of five or ten grains at intervals of an hour or two for the reduction of temperature, and the relief of neuralgic and rheumatic pains. It stimulates the liver and intestinal secretions, unlocking as it were the excretory organs which in febrile and neuralgic conditions are usually inactive. After four or five doses, copious bilious movements usually occur and show its cholagogue effects. These latter results prove it valuable for the treatment of the condition called "biliousness" when there is a furred tongue, a foul breath, constipated bowels and scanty, high-colored urine.

Ammonol is almost a specific for removing the effects of an alcoholic debauch, or for counteracting those following the excessive use of narcotics. It quickly relieves the nervous tremor, the headache and the disordered digestive organs, allaying nausea and vomiting. For this purpose ten or twelve grains of the drug given at intervals of two hours, for three or four doses usually suffices, though it is often a good plan to commence with a single large dose, say of fifteen grains or even of twenty grains, and follow it with doses of three to five grains administered at hourly intervals for three or four hours. Two doses of ten grains each, given at half an hour to an hour apart, rarely fail to relieve the most obstinate case of migraine, though generally a less quantity is sufficient. A good plan is to give a single dose of fifteen grains, and follow it with five grains hourly until the headache is relieved, or until the patient has taken three doses.

In myalgia or muscular neuralgia it is very effective, though the best results will be obtained by a little different method of exhibition. In this case, ten or fifteen grains should be given four or five times during twenty-four hours until the pain is relieved. The effect of Ammonol in contagious influenza (La Grippe) will be found very satisfactory. It quickly relieves the muscular and joint pains, the depression and fever. For this purpose

three to six grains given hourly will be found effective, though this dosage should, of course, vary with the severity of the case and the condition of the patient. Ammonol is said to be an excellent remedy for dysmenorrhœa. Obstinate vomiting, after the irritating substances causing it have been removed, may be controlled by its use. Here doses of two or three grains are sufficient, and this should be given after each paroxysm. The vomiting of pregnancy may be successfully treated in the same manner. Hysteria, especially when it is accompanied by eructations of gas and abdominal distension, is quickly relieved by a few doses of this agent. Ten grains at once, followed by two five-grain doses at hourly or half hourly intervals will attest this.

In hyperacidity of the stomach and gastralgia, quick relief can be had by giving two or three doses of from five to ten grains, at intervals of half an hour to an hour.

Ammonol, as has been stated, is a stimulant to the secretions. It is an expectorant of more than ordinary power. This effect is doubtless due in some measure to the ammonia it contains. For this reason it is serviceable in pneumonia and bronchitis.

Increasing the Weight.

Much has been said and written about the treatment of obesity, but the poor, anæmic, animated skeletons whom we see on every hand are more or less neglected. It is folly to hope that the administration of minute quantities of iron or other so-called tonics will put flesh on a patient's bones. Food is their only salvation, and if they cannot digest it in its ordinary forms, then it must be artificially digested outside of the body.

The intelligent doctor tells the man who is laboring through life with a hundred pounds of superfluous flesh to leave starchy foods out of his diet. If the advice is conscientiously followed, a marked loss of weight must ensue.

While in theory the reverse is true of a thin person, they unhappily cannot always digest starchy foods, and here it is that science has come to the rescue.

Methods for the artificial digestion of starch have long been known, but it remained for the manufacturers of Paskola to give the profession a preparation which is perfectly palatable, and the use of which can therefore be indefinitely continued without offending even the most delicate stomachs.

Not alone is Paskola a fattening food of exceptional value, but, containing as it does a normal proportion of hydrochloric acid and proteid or meat-digesting ferments, it aids the digestion of other foods.

Its sphere of usefulness is a broad one, for every day brings us face to face with this problem of nutrition, and Paskola would appear to offer a practical solution.

Responsibility for Untoward Action.



With the characteristic pithy and trenchant utterance which "hews to the line letting the chips fall where they may," and which marks all of his sayings, Dr. Frank Kraft, 57 Bell Avenue, Cleveland, Ohio, Professor of Materia Medica Cleveland Medical College, writes: "The professional market seems to be filled with substitutes for the original and ever favorite antikamnia; all warranted to do what the antikamnia has succeeded, by hard work and expenditure of much money, in establishing; all of these nefarious products masking under some name partly modeled after the antikamnia pattern, beginning with an A, and warranted to still pain, etc., etc., are base imitations of antikamnia. They may be, and perhaps are, coal tar products, but they cannot take the place of antikamnia; this was the first product and made a success because of its merit; hence the host of imitators. Insist upon getting the original antikamnia, and caution your drug-gist that if he practices any substitute you will not only decline further to deal with him, but hold him personally responsible for any untoward action of his substituted remedy."

American medical, pharmaceutical and trade journals, usually keen to detect a hidden advertisement in communications recommending new drugs and preparations when the same emanate from home sources, throw caution and ordinary business sense to the winds when it comes to recommending and puffing the very same class of merchandise, bearing a foreign name and recommended by foreign authority. The success of one or two German chemicals, the products of synthesis, opened the doors for a flood antiseptins, antifebrins, antipyrens, and other "antis" ending in "ol" or "in." They come to us covered all over with patents—patents covering the names, the process of manufacture, the ingredients (save those which are kept absolutely secret), the modes of dispensing, the package, the label—in short everything that a patent can be made to cover. In a word they are patent medicines in the very widest and strictest sense of the word; and yet they are received with enthusiastic welcome by press and practitioner, and are given, gratis and gladly, advertisements that money could not purchase for a home product, even though ten times more valuable, and not one-tenth so much patented.

One of the proprietors of a drug of this sort, recently established in America, on being approached by the solicitor of advertising for an American medical journal, answered very curtly that "they didn't have to advertise their article. They got all the advertising they wanted for nothing, in the shape of laudatory communications in the reading matter of the medical journals." Which was true, every word of it, and that in spite of the fact that it was a patent medicine. The very journal for which the agent was soliciting, and in the very copy which he carried as a specimen,

contained no less than six laudatory notices of the drug in question—one of them a communication covering several pages and heralding its virtues in almost every known form of disease.

Per contra, the same journal had enjoyed for years a handsome revenue from the advertisement of a reputable proprietary medicine house of this city, but had persistently refused to admit within its reading matter a little notice commendatory of one of the specialties, the formula for which was printed on every bottle.

It is useless to plead that these imported patents are so valuable that the profession must have them and must use them, secret nostrums though they be. This is not true, nor is it true that the manufacturers over there are any more honest and frank as to the nature and origin of their wares than are American manufacturers of similar drugs. In proof of this assertion we call the attention of our readers to Gawalowski's merciless exposure of a new compound which is getting ready in Germany to make a descent on Europe and America in the style of its predecessors—the anti-septic kreolin, of the wondrous value of which the advance guard of certificates have already commenced to appear in our journals. Will the latter be warned in time, or will they swindle themselves out of thousands of dollars by giving it the usual American welcome and gratis advertising. —*National Druggist*, May, 1888.

* * * * The present so-called ethical views held by our medical men really constitute a barrier to our scientific progress. They continue to act against our American chemists, and in the meantime prescribe freely the German patented articles. Many of our prominent physicians are prescribing freely German patented articles, why should they object to prescribing a really meritorious article if discovered and patented by an American chemist?—*Pharmaceutical Era*, March, 1889.

Prior to 1888 none of the above mentioned parties advertised in Medical Journals.

Pseudo Chancre.

By William S. Gottheil, M. D., read before the Section of Dermatology and Syphiligraphy, at the meeting of the American Medical Association, Baltimore. May 8th, 1895. (New York Medical Journal, September 28th, 1895.)

Reinfection syphilitica does occur, but the recorded cases that are entirely trustworthy are very few indeed. Analysis shows that most of the alleged cases are open to grave doubt, and that some of them are manifestly errors of diagnosis.

The following lesions may simulate chancre :

- a. Artificial indurations caused by irritants applied to simple lesions.
- b. Nodular lymphangites, as occur in gonorrhœa.
- c. Scabies, where penile lesions are the rule.

- d. Secondary indurations at the site of the initial lesion (Fournier's pseudo-chancres).
- e. Secondary syphilitic papules or tubercles situated upon the genitals.
- f. Ulcerative gummata of the genitals.
- g. Epitheliomata of the genitals.

Two such cases have recently come under the author's observation. In the first one a non-specific sore was irritated with cauterisants until it exactly resembled a sclerosis, and was so diagnosticated by competent authorities. Nevertheless it healed up under local treatment alone; and until now, two years after date, no secondary symptoms have appeared.

The other case was one of gumma of the penis in a subject in the tertiary stage of syphilis. The lesion resembled an initial one very closely, and was at first regarded as such; but a close examination shewed the presence of evidences of past specific disease, and this was confirmed by the history. The entire lesion melted away under the iodide of potassium.

CONCLUSIONS.

1. There is no characteristic sign, and no characteristic combination of signs, that enables us to diagnosticate a chancre from the lesion alone.
2. Only the advent of other syphilitic symptoms enables us to form an opinion as to the presence of systemic infection.
3. Almost all the alleged cases of syphilitic re-infection are of doubtful validity; and most of them are pseudo chancres belonging to one or other of the above varieties.

A Pharmaceutical Triumph.

To have robbed one of the most valuable drugs of the materia medica of its sole objectionable feature is an accomplishment second only to the discovery of a practical substitute.

Finding that certain oils would dissolve Benzoic Sulphinide—a substance much sweeter than sugar—Prof. Adolph Sommer, of Berkeley, Cal., has applied this knowledge to the preparation of a Castor Oil, which is now being issued under the name of Laxol.

This product, unlike the thousand and one *so-called* palatable Castor Oils, is literally as "pleasant as honey." Although 99 per cent. of it is pure Castor Oil, it tastes like so much Syrup of Peppermint.

Benzoic Sulphinide is not only a powerful sweetening agent, but its antiseptic properties prevent the oil from becoming rancid.

Laxol is used and endorsed by many of the largest hospitals in the East, where it has been found that not only adults but children take it readily. A large sample, accompanied by interesting literature, will be sent, express prepaid, upon request to

A. J. WHITE, Sole Agent,
No. 30 Reade Street, New York.

The General Therapeutic Effects of the Alternative Electric Current of High Frequency and of High Tension.

Dr. Apostoli, together with Dr. Berlioz, on the 18th of March, 1895, presented a paper on the above mentioned subject to the Academy of Sciences of Paris. He now, after longer and riper experience, desires to present a summary statement of his general conclusions:

1. According to Professor d'Arsonval's discoveries alternative currents of high frequency and of high tension, exert a powerful action upon all living bodies submitted to their inductive influence.

2. The best method of applying these induced currents is to place the patient, free from all contact with electrodes, in the circuit of a large solenoid traversed by these currents.

The patient being thus completely insulated the currents, which circulate in his body by *auto-conduction*, have their origin in his tissues. The body plays the role of a closed induced circuit.

3. By this method the physiological discoveries of Professor d'Arsonval are confirmed and we are able to prove the powerful influence of these currents upon the *vaso-motor* system—although they produce absolutely no sensation and although they have no apparent effect upon the motor or sensory nerves.

These currents have nevertheless a powerful action upon all the nutritive functions; as has been verified by Dr. d'Arsonval's numerous analyses of the gaseous products of respiration and by Dr. Berlioz's not less numerous analyses of the urinary excreta.

4. The general therapeutic applications to be deduced from this physiological action are confirmed by clinical observation.

Dr. Apostoli has now treated more than a *hundred* patients by this method at his clinic and at his private consultation rooms. The greater number of these patients have been greatly benefitted by this new treatment which, be it remarked, has been used to the exclusion of all other forms of medication, dietetic or otherwise.

5. These currents exert in the majority of cases a most powerful and generally beneficial action upon diseases due to *slackening of the nutrition* by accelerating organic exchanges and combustion. This is proved by analyses of the urine made by Dr. Berlioz, of which the following is a brief resume:

The quantity becomes more normal; the products of organic waste are better eliminated.

The *increased combustion* is shown by the diminution of *uric acid*, while the percentage of *urica* is generally increased. The relative proportion of these two substances changes under treatment so as to reach in general the figure of $\frac{1}{10}$.

The elimination of the mineral products is also changed, but in a manner less marked.

6. When daily seances are given, each lasting 15 minutes, we may generally observe in patients submitted to the influence of these currents the following modifications in their general condition. We mention them in the order of their occurrence :

Return of sleep.

Increase of strength and vital energy.

Increase of gaiety, of power for work and ability to walk.

Improvement of appetite, etc.

In short, *genital progressive improvement*.

This general improvement often manifests itself after the first seances before any local influence is apparent and before any change has occurred in the urinary secretions.

7. Local pain and trophic changes are often more slowly affected by these currents and at times they are entirely refractory for a longer or shorter period.

In such cases the same currents must be applied locally by contact with the electrodes.

This subject will be treated later on in a separate communication.

8. The diseases which have appeared incurable by this treatment are those not associated with well-defined organic changes such as *hysteria* and certain forms of *neurasthenia*.

Dr. Apostoli has also observed that certain *localized neuralgias* are refractory to this form of currents, they require its more direct local application.

9. The diseases which have derived most benefit from this therapeutic agent, belong to the *arthritic class* ; *rheumatism* and *gout*.

10. In certain *diabetic* subjects the sugar has disappeared altogether from the urine under the influence of these currents, while in others there has been no such change notwithstanding the manifest and constant improvement in the general condition.

Is this difference due to the imperfection of the electric apparatus or to the manner of its application ? It is hoped that further experience will soon afford an answer to this question ; although the fact that diabetes has many different causes, may in itself explain the difference in the results obtained by this treatment.

11. In conclusion, the currents of high frequency and of high tension introduced into electro-therapeutics by Dr. d'Arsonval greatly increase the field of action of medical electricity.

They furnish general medicine with a new and valuable means of treatment, capable of modifying more or less profoundly the processes of nutrition.

Cocaine in the Treatment of Whooping-Cough.

Dr. Russell Wills of London is of the opinion that this disease is due to a microbe not as yet certainly determined, which has a local habitat in the respiratory mucous membrane, and that the catarrhal stage of the disease should be regarded as the period of microbic activity, and the whooping stage as due to the after-effect of a poison generated by the microbe. Consequently he considers the best method of treatment the exhibition during the early stage of some drug which should destroy the microbe and counteract the effect of the poison. This, owing to difficulties in the way of diagnosis and to our lack of knowledge, is for the present impracticable; so he looks for a drug to antagonize the effect of the poison in its later stages. This drug should stimulate nerves antagonistic in action to those involved and lessen the sensibility of the peripheral terminations of the afferent nerves from the respiratory and gastric mucous membranes to the medulla. Such a drug he thinks is found in hydrochlorate of cocaine, which he recommends, not to be applied locally, but to be given internally in doses based on the standard of one grain for an adult three or four times a day. In this way he treated three hundred and twenty-three cases in the out-patient department of the great Ormond Street Hospital for Sick Children. The cases came under observation during the most unfavorable months of the year—namely, the late autumn and early winter of 1894—when one would expect the course of the disease to be as long and as unfavorable as it ever is. Under this treatment the average duration of the disease was only three weeks, although severe cases were more protracted. The child, as a rule, after commencing treatment, showed marked improvement in its general condition, vomiting ceased, anorexia disappeared, the cough became less frequent, and sleep improved. No marked evil effects have been noticed by the writer to follow the use of the drug. Slight relaxation of the bowels appeared in some cases, but this he did not regard as having untoward effect on the course of the disease. In most cases the children were kept under observation long after the symptoms of pertussis had ceased, so as to enable the observer to speak with certainty of the permanency of the cure.

What the Tongue Indicates.

A white tongue denotes a febrile disturbance; a brown, moist tongue—indigestion; a brown, dry tongue—depression, blood poisoning, typhoid fever; a red, moist tongue—inflammatory fever; a red, glazed tongue—general fever, loss of digestion; a tremulous, moist, and flabby tongue—feebleness, nervousness; a glazed tongue with blue appearance—tertiary syphilis.

Syphilitic Endocarditis and Myocarditis.

O. Isoral has shown that the heart was hypertrophied, but only slightly dilated. No circulatory obstruction could be proved at the mitral orifice. Islets of fibrous tissues were present at the base of the papillary muscles, and the muscles themselves had undergone fibrous changes. Fine strands of fibrous tissues were seen in the slightly brown cardiac muscular tissue. The dilated left auricle presented peculiar appearances. The wall was rigid, with only the remains of a few yellowish-brown muscular fibres. The auricular appendix was greatly shrunken. Very irregular and easily detached excrescences were found on the inner wall of the auricle, and were specially well marked on the upper surface of the mitral valve segment. The gummatus formation in the heart muscles could only be due to syphilis. In the liver fibrous changes with the remains of gummata were found. There was induration of the uterus with chronic endometritis, also of syphilitic origin. Huber recounted the symptoms observed during life. The patient, aged 47, presented the appearance of hepatic cirrhosis. The pulse, 136, was small and irregular at first, but improved under digitalis. A systolic murmur was heard in the left second and third intercostal spaces, with an accentuated second sound. There was no clinical evidence of syphilis. Eight days after admission there was a profuse and fatal hæmorrhage from the stomach. In the discussion Klemperer pointed out that this was apparently the first case in which an endocarditis was demonstrated to be of syphilitic origin, and that the diagnosis of such a lesion was now within possibility.

Insanity in the Medical Profession.

It is not scientifically unwarrantable or unreasonable, from a common sense point of view, to maintain that the doctor should be judged by the effect his physic has upon himself, and the parson by the character which his religion produces in himself. We ought to admit that an unhealthy medical man is an evidence of unsoundness either in the medical theories of the times, or in the use to which he himself puts them. (The Hospital.) This is but fair, and if it be considered rather a transcendental position to take up at the present moment, one can hardly doubt that it will be regarded as a common-place in the more cultured and rational times which lie in the womb of the centuries that are before us. Looking at certain aspects of medical insanity from the stand point of high mental detachment, we cannot feel altogether happy at the figure cut by our profession in the lunacy returns of recent years. Lunacy varies with callings, as the recent and previous reports of the commissioners amply prove. Theoretically, there ought to be proportionately fewer lunatics among doctors than among any other class, because doctors know so well the

causes and the means of prevention of lunacy. But what are the facts? The facts are that the medical profession ranks higher in the production of lunatics than all other classes except two. Costermongers and pedlers rank highest of all, and then follow wool-staplers and cloth merchants. The very next in order are physicians, surgeons, and general practitioners. The actual figures are even more striking than the bald statement of the fact. Thus, in every thousand costermongers and pedlers there were 20.1 lunatics in the quinquennium ending with 1895. In the same quinquennium there were 18.2 lunatics among woolstaplers and cloth merchants, and 15.8 among physicians, surgeons, and general practitioners. In marked contrast to these damaging figures are the figures relating to railway laborers, navvies, and miners. Those sturdy sons of toil only furnished 4.4 of their numbers to the ranks of lunacy in the quinquennium. We hold that as science advances, especially medical science, lunacy should diminish, not increase; and that the sanest and soundest of all classes should be doctors, whose business is "health." So far the facts are against us. But if we are to continue in the front ranks of practical science we must, without delay, find some means of so conducting our own profession as to at least preserve our sanity as well as our health and life. "Physician, heal thyself!" is a very significant dictum indeed.

A Test in Pharmacal "Ethics."

Mr. E. A. Schubert, of Fostoria, Ohio, in the course of a paper on pharmacal ethics, relates this account of a practical test of the professional integrity and competency of retail druggists in a given section of his State—a section, by the way, probably the equal in professional intelligence and honesty of the average community in Ohio and other States. "I espoused the thought," remarks Mr. Schubert, "that it would be a capital idea to write a prescription of easy composition and analysis, to see how many druggists would fill it correctly. I set to work immediately mailing to each of fifty physicians one of the prescriptions, at the same time asking him to write it as a prescription of his own, send some friend with it to his druggist to have it filled, a copy taken and returned to me with the compounded prescription. Out of the fifty requests sent out, I received thirty-seven answers. The prescription called for a three-ounce preparation, but placing them side by side I found twenty-one to be three-ounce preparations, seven were in size four ounces, while the rest ranged in size from five to eight ounces. It was to be an emulsion; nineteen were of that composition, the remainder were far from being true to name. In color, when correctly filled, it would be nearly white; of these twenty-two were true in color, while the remainder ranged from a steel gray to nearly all the known hues. The principal active ingredient was the acetate of morphine; thirteen only contained this, the remainder principally con-

tained the sulphate. Out of the entire number returned eleven were found to be filled correctly. The remainder were base substitutions, either through ignorance or intention. Of the eleven that were correct, nine came from the hands of Ph. G's., the remaining two were compounded by old and reliable druggists in the city. Of the twenty-six not properly filled we found five Ph G's., the remainder were country druggists having very little experience in this line and located, with but few exceptions, in towns of 6,000 inhabitants and less." Can it be possible that this sort of recklessness and ignorance characterizes the profession in other intelligent communities?—*Western Druggist, August, 1885.*

Dr. Austin Flint writing in the New York Medical Journal on the Scientific Treatment of Crime and Criminals says: The born criminal never has remorse. This is, indeed, pathognomonic of congenital criminality. Bruce Thomson studied this question in four hundred criminals convicted of premeditated homicide, only three of whom expressed remorse. If it is ascertained positively, after a sufficient period of observation and treatment, that a criminal has no real remorse or repentance, it is certain that we have to do with an incurable born criminal.

The general character and mode of life of habitual criminals are interesting and instructive. Such criminals are invariably vain, superstitious, constitutionally lazy and improvident, and are often sentimental and excitable. They are social with their own kind, prone to orgies and to association with a certain class of prostitutes who have the same kind of moral insensibility. They use among themselves the argot, or conventional criminal language, which is quite different from the ordinary vulgar slang. They are fond of tattooing. Lombroso says: "Among male criminals the practice of tattooing is so common as to become a special characteristic." The high-class professional is certainly an habitual criminal, and may be a born criminal; but his habits are usually such as do not interfere with the successful exercise of his profession.

Tubo-ovarian Abscess: Vomiting of Enemata after Operation.

Humiston, of Cleveland, Ohio, publishes details of a very advanced case of disease of the appendages. On the right side was a large intra-ligamentous ovarian hemorrhagic cyst, on the left a small tubo-ovarian abscess. Both appendages were removed. A Mikulicz tampon was used to check the oozing. The operation lasted forty eight minutes, in the course of which period 13 fluid ounces of ether were administered. Incessant vomiting began twenty-four hours after the operation, with fever and high pulse. Humiston declares that the vomiting was terrific, and by reversed peristalsis enemata were passed out of the mouth. Death occurred on the morning of the fourth day. There was no necropsy.

Micro Organism of Cancer.

Dr. Braithwait (London Lancet) has observed the rapid spread of a very superficial epithelioma on the vulvar mucous membrane, and also of a small rodent ulcer on the cheek. In both cases the mode of growth was by invasion of apparently healthy epithelium at the margin of the disease. Reflecting upon these cases and also upon the remarkable discovery made by Mr. Haviland that cancer exists endemically in populations living upon low-lying moist soils and in certain "cancer-houses," the conclusion seemed highly probable that the disease is caused by a micro-organism, a fungus, and not, as supposed, a bacterium, coccidium, or protozoon. In a large Jewish population in Leeds not one Jewess has been found to have cancer of the genital organs, whereas the disease is extremely common among the Christian women. This observation led to an examination of the secretion frequently contained within the prepuce. Spores and mycelium were found, and this fungus was indistinguishable in appearance with one since found in epithelioma taken from the ear, the uterus, the breast, the lip, and the penis, and which could be demonstrated without any difficulty.

The mode of preparation of the tissue to be examined is as follows: Whether the tissue has been in spirit or is quite fresh, cut out from the centre a very small block, except in case of cancer of the lip, when the free margin should be included. Cut thin sections, place in water, float them on slides, and drain off the water. Drop three or four drops of liquor potassæ on each section and let it stand from twenty minutes to four hours, according to its opacity and thickness. When fairly transparent, wash thoroughly in water and mount in Farrant's solution; or if it is desired to examine the section quickly, put a drop of liquor potassæ on it and then adjust the cover-glass. The mycelium comes out gradually more and more distinctly for two hours and then slowly fades. This is due to the fact that the fungus, with its mycelium, spores, and spore-bags, resists the potash longer than the tissues proper. The mycelium will take no dye, and none is required, for its great refracting power makes it stand out clear and distinct in outline. In the breast cancer, which contained live fungus, the greater part of the life cycle could be studied from a section. At first a spore-bag, which consisted of a delicate envelope containing a fused mass of spores, was seen; a rupture of the membrane followed, and from the opening, usually on one side, the mycelium grew and penetrated in every direction. On the next day not a trace of mycelium could be found, but the slide was one mass of spores. In these living spores the process of conjugation could be seen. Two spores in contact become fused into one; three or four or even ten or twenty may become so fused and form a large spore mass.

The life of the fungus seems to consist of four stages: (1) spores,

(2) zygosporos, (3) spore masses and spore bags, and (4) mycelium. A melanotic sarcoma was examined and a fungus found whose mycelium resembles that in the epithelium, but the spore masses contained as many as fifty to two hundred bags, and were egg-shaped instead of round. The spores were of a blackish color. The writer believes this micro-organism to be the cause of cancer, as it was present in every one of the six specimens examined.

Posture of the Head in Accidents in Anæsthetics.

Dr. Hare, of Philadelphia, questions the statement made by Howard, of London, that the epiglottis is the main cause of the obstruction to respiration in the course of anæsthesia. He agrees with him that traction on the tongue alone cannot raise the epiglottis, but inasmuch as drawing the tongue well forward will, in Dr. Hare's opinion, in the great majority of cases, at once clear the air passages, he infers that the tongue itself is more frequently at fault than the epiglottis. Howard insisted on complete extension of the head downwards and backwards with a view to the relief of the breathing, but Dr. Hare points out that such a position "has the effect of strapping the soft palate over the dorsum of the tongue, thereby cutting off the entrance of air through the mouth." The latter, therefore, recommends that the head should be "extended and simultaneously projected forward," by which means "both the tongue and epiglottis are raised and the soft palate is so drawn as to permit of free breathing through the mouth as well as the nose." Of the respective merits of Sylvester's and Marshall Hall's methods of artificial respiration Dr. Hare is able to show by experiments that the amount of air pumped into the chest by the former method far exceeds that obtained by the latter.

Treatment of Cerebral Syphilis.

Dr. Steiglitz says that unless a special contra-indication exists it is best to combine mercurial inunctions (three to five grains) with the administration of iodide potassium or sodium in doses of three hundred to four hundred grains a day, which are very well borne by most patients; in fact, the large doses often create less disturbance than small ones, according to my experience. If syphilis of the brain is suspected in a given case and a tentative course of specific treatment is decided upon, the latter must not consist in the administration of small doses of iodide of potassium. Cases of brain syphilis get worse under fifty grains of iodide of potassium a day, but respond promptly to treatment as soon as mercurial inunctions and three hundred grains of iodide of potassium a day are ordered. In such a case, therefore, the tentative treatment should be just as vigorous as though the diagnosis of syphilis were well established; if no improvement at all occurs within four weeks, none is liable to occur from further specific treatment.

The Treatment of Intermittent Fever.

Before the discovery of the tubercle bacillus, many a cough was allowed to continue without treatment and the real difficulty not suspected until a sharp hemorrhage or a hectic fever revealed the true situation. Only a few months ago diphtheria patients walked the streets with a simple sore throat, while cases of follicular tonsillitis were carefully treated as diphtheritic in character. Nearly all of us were taught that malaria was an earth-born poison which filled the air with "a fever-generating agent."

Now, all this is changed. The tubercle bacilli can be detected in the earliest stages of phthisis. The Klebs-Loeffer bacillus decides the presence of diphtheria; and the malarial germs of Laveran tell us we have an intermittent fever.

It is natural that we look for a remedy which will destroy these germs or counteract their poisonous products. Indeed, it now appears that we have, unconsciously to be sure, been giving a perfect specific for the cause of the latter disease. Quinine is no longer administered in an empirical manner. We know precisely why we give it and what it does. Quinine exerts a deathly influence over the malarial germ, therefore it may be given with the satisfaction of knowing that it will invariably check the paroxysms of an intermittent fever. If its use is not followed by this cure, then it is certain that it never came in contact with the red corpuscles of the blood. Absorption was incomplete or the quantity of the drug was insufficient. In the light of all this it is certainly bordering on the ludicrous that the National Dispensary should give a list of seventy-six remedies in the index under Intermittent Fever.

The patient has usually had a malarial paroxysm before seeking medical advice. As hepatic activity is necessary to obtain the best effect of the specific treatment, so, in cases of constipation at least, it is better to begin the treatment with the following prescription which should be taken five or six hours prior to the quinine:

R Hydrarg. Chloridi Mite.
Sodæ Bi-carb.....a a..... gr. 1
M Divide into six powders.

Sig.—Take one powder every fifteen minutes, using all the powders.

This is far preferable to giving the calomel in one single dose and in larger quantity. However, it may be necessary, if the patient is insensitive to purgatives, to increase the quantity in the prescription by one-half. While this preparatory treatment is not necessary, yet it is certainly true that after its employment a less quantity of quinine is required and the general condition of the patient is improved.

It has been stated that this treatment should be given five or six hours before the specific treatment. It should now be said that the latter treatment is best inaugurated at such a time that it will be exerting its

fullest physiological action when the next paroxysm is due. This time can be quite accurately stated when we remember that a paroxysm often begins an hour earlier than the preceding one and that about three hours are required for the quinine to be in its most active condition in the body.

To insure prompt and complete absorption the quinine is best given in liquid form. The following is a favorite prescription:

R Quinia Sulph. grs. xv
Aqua. oz. j.
Acid Sulph. dil. q.s. ft. sol.

Mx. et Sig. Take at one dose in one-third glass of water.

With the above preparatory treatment and with the quinine dissolved, this dose is equivalent to at least twenty grains given after the usual manner; while it is certain we should not trust to pills or capsules at such a time unless we know positively that these are in a perfectly soluble condition.

To prevent the uncomfortable head symptoms which accompany full doses of quinine and also to relieve the pain which is likely to be present at the same time or the expected paroxysm, the following prescription should be given four or five hours after the specific:

R Antikamnia Tablets (5 gr. each) No. xxiv (24).
Sig. — One tablet every two hours while pain necessitates.

While the above dose of quinine is sufficiently large for residents of most parts of the United States, yet in some of the Southern States and in other sections where malaria abounds with unusual force, it may be necessary to give the quinine as high as twenty, forty, or even sixty grains. But in the great majority of cases the above single dose will be sufficient to prevent a second chill.

In order that there may be no question about the recurrence of an attack, and also in order to bring the system under the influence of a good tonic, the quinine should be continued for one or two weeks in doses of 5 to 10 grains a day. As the malarial germ has left its effects on the nervous system and often to a marked degree, so a remedy is indicated which will put at rest the disturbed condition. The following will be found satisfactory in every way:

R Antikamnia and Quinine Tablets, 5 gr. each, No. xxiv.
Sig. — One tablet three times a day after meals.

This tablet contains 2½ grs. Sulph. Quinine and 2½ grs. Antikamnia, being the most desirable proportion.

If the physician be called while the patient is suffering from a paroxysm, and he is in doubt as to its nature, he has only to remember that any intermittent fever which resists the action of quinine is not necessarily of malarial origin. Even during the chill of a malarial attack the temperature may rise to 102° or higher, while it is often true that when the chill has passed and the fever is on, the thermometer will show a lower degree

of heat, Therefore, no better treatment can be given at the beginning of or during the chill, than the following :

R Antikamnia Tablets, 5 gr. each, No. xxiv.

Sig.—Take two tablets immediately. Repeat dose in two hours if the pain necessitates.

The antikamnia will relieve the congestion or the abdominal and thoracic organs and will materially alleviate the headache of the second stage especially. In fact, it practically robs the fever of its most distressing features.

When we consider that the cause of intermittent fever is so thoroughly understood and that quinine is regarded as its specific, destroying said cause, how puerile are all attempts to bring forward new substitutes. Although pain may not be dependent upon any special living organism, yet it is certain that in antikamnia we have a most reliable specific.

In regard to the treatment of all forms of Febrile Maladies, periodic or continued, I have found the Antikamnia Tablets with its various combinations of codeine, salol or quinine, (as indicated in each individual case,) the most reliable, prompt and satisfactory remedies in controlling these intractable disorders of any remedial agent known to me in a general active practice of over thirty years.

WALTER M. FLEMING, M. D.

240 Fifth Avenue, New York City.

Sodium Salicylate as an Oxytocic.

The Lyon medical for September 22d publishes a report of a recent meeting of the *Societe des sciences medicales*, at which M. Vinay reported the case of a woman who had had an attack of hepatic colic with icterus while in a pregnant condition. After her entrance into the *Maternite* at the *Hotel-Dieu* an examination was made, and it was found that the child was dead. A daily dose of seventy-five grains of sodium salicylate was then given for four days, which brought on uterine pains and resulted in a natural delivery. M. Vinay is of the opinion that sodium salicylate is an oxytocic under certain circumstances.

Chronic Diseases.

The true natural chronic diseases are those that arise from a chronic miasm, which when left to themselves and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings. These are the most numerous and greatest scourges of the human race; for the most robust constitution, the best regulated mode of living and the most vigorous energy of the vital force are insufficient for their eradication.

Palmettine

Hypophosphites.

A VITALIZING, NUTRITIVE TONIC,

This preparation combines the specific properties of fresh Saw Palmetto Berries, with the nutrient and tonic qualities of the Hypophosphites of Iron, Lime, Potash and Manganese, and is entitled to rank as the most valuable agent in reconstructive and invigorative therapy.

Each Fluid Ounce contains :

Saw Palmetto Berries, fresh.	120 grains
Hypophosphite Lime,.....	1½ "
Hypophosphite Iron, Potash and Manganese, each. 1 grain.	

Saw Palmetto has a pronounced action upon the glands of the reproductive organs, tending to increase their activity and promote their secretive faculties. It has recently come into great prominence with the profession as a most valuable remedial agent in prostatic troubles, presenility, difficult micturition, irritated bladder and inflammation of the Urethra.

Combined with the PURE SALTS of Hypophosphites its stimulating and soothing influence over the mucous membranes of the respiratory and the intestinal tract, render it a very valuable remedy in the treatment of chronic Bronchitis, Catarrhal, Scrofulous and Tubercular affections. It relieves coughs, improves the appetite and aids digestion.

DOSE. — One to two teaspoonfuls, or as directed by the physician.

PALMETTINE HYPOPHOSPHITES WITH COD LIVER OIL.

The disagreeable taste of both the Cod Liver Oil and the Saw Palmetto are completely disguised without sacrificing in the smallest degree the medicinal virtues, and the combination is identical with our PALMETTINE HYPOPHOSPHITE, with the addition of 25 per cent. of Cod Liver Oil as represented by its active principles.

We confidently believe this combination will be found to be the most superior remedy in lung and throat affection.

Dose same as Palmettine Hypophosphite.

 Reports of Cases, and Correspondence Invited.

The Virginia Pharmacal Co.

Manufacturing Chemists,
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Mention Charlotte Medical Journal

Tuberculosis and the Library.

While we think that the idea of tuberculosis being conveyed from one to another by the handling of books is possible, yet the following from the Record is quite to the point :

The statement has passed current that a librarian of the city of Omaha, Neb., recently died of tuberculosis contracted from books which had been infected by consumptive patients. This report has naturally renewed the discussion regarding the danger of infection by means of public libraries. There are many physicians who are aware of cases in which some of the more actively contagious and portable diseases have been communicated by means of books, though not, perhaps, by the books of a public library. We recall, for example, instances in which scarlet fever was apparently communicated in this way. Practical experience, however, in the large cities, where there are well patronized public libraries, seem to show that little danger is to be apprehended from this source. This is particularly the case in cities that are supplied with proper health boards and with modern sanitary methods. The danger, so far as it exists, could only apply to a few diseases of the more active kind, like scarlet fever and perhaps small-pox. Regarding this latter disease, The Evening Post quotes the remarks of a Boston physician, who says that he has never known an instance where there was any grounds for believing that contagious diseases were carried by books in circulation in the public library. In the year 1872 a severe epidemic of small-pox prevailed in Boston, and the physician in question saw every patient and traced, where possible, the history. In no instance did he connect the infection with the use of books. As the circulation of this library is more than two million volumes a year, this evidence is very convincing. We understand, also, that the American Library Association has twice investigated the subject of books and contagion, and in no instance was it able to trace the spread of disease to the circulation of library books. The American Library Association might, perhaps, be considered a body not entirely without bias in favor of circulating books, but its investigations were apparently thorough.

Despite all this, it would be wise to exercise a sanitary supervision over the circulation of books. Their disinfection, when they have gone into neighborhoods that are at all suspicious, would be extremely easy, and the co-operation of a public library with the sanitary officers of the city might result in good to both parties and benefit to the public.

Tabes Dorsalis.

If a person has paroxysmal vomiting and complains occasionally of violent rheumatoid pains in the legs, examine most carefully for tabes. You will be surprised at the ease with which you can make the diagnosis.

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(Each fluid dram contains 10grs. Maltopepsine.)

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ECONOMICAL.

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Iron Phosphates	
Vitaminized	1
Quinine	2
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With Vanillin Aromatic	

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APPETIZER,

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The Present Situation.

In these days when the fierce light of publicity beats around a test-tube we must not so quickly take the public into our confidence, especially in the press. Our duty is to look for the truth, not to encourage competition. Our patients are led to think they know so much, and, therefore, when an illness arises they now make the diagnosis and decide on the treatment and the proper specialist to consult. The first question a lady asks when she hears her servant has got rheumatic fever is, "Can she take salicylate?" We know very little, but the public know less. People now have one medical man for every organ, and there are people who consult one man for their eyes, another for their throat, another for their "chest," another for their menstrual troubles, and they themselves decide what is wrong and then ask the family doctor to reconcile the contradictory pieces of advice which they get from the specialist. The false relationships of our public, our press, and our patients to our profession are our own fault. Let us think less of our successes and more of our failures, less of the possible glory of the future and more of the darkness of the present, less of our "modern advances" and more of our modern helplessness, less of the possibilities of science and more of its simplest theories. Let us simply do what is right, and not ostentatiously act as if we knew so much more than we do. Our knowledge is vast, but our ignorance is vaster. Those who have to treat people who are "ill" should study those who are "well." We should value character more than a certificate, and a real success more than an apparent victory. We should be as men treating other men, not as hospitalized beings treating patients. In all our relationships we should remember that kindness, gentleness and sympathy add to the true value of skill, and that, though the powers of the head are great, the powers of the heart are greater. We can do much by our abilities, but more by our affections, and, although we now have "to live in wearied hope," yet it is not the possible only, but the perfect, we should live for, ever bearing in mind that "greatness is to take the small things of life and walk grandly among them."

Syphilis is to be guarded against in practicing vaccination. The patients vaccinated with lymph taken at the end of vaccination have been found to be more liable to have the disease than were those inoculated from the fresh pustules. If syphilis is thus communicated, the chancre appears at the seat of vaccination, after the usual period of inoculation, and is followed in turn by the secondary symptoms. If the person was latently syphilitic, the lesion will follow each other in quick succession. The course of the vaccine-pustule will be normal. Syphilis can never follow vaccination with animal lymph, except by criminal carelessness on the part of the operator.

OBSTINATE CASES

of chronic bronchitis, rheumatism, kidney pain, goitre, and a host of other diseases yield to the influence of Gardner's Syrup of Hydriodic Acid, when all else fails.

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of the Hypophosphites administered according to CHURCHILL'S method, produce results in phthisis that will astonish the practitioner who has not tried them.

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Gonorrhœa in the Female.

Dr. R. W. Taylor, of New York, says that gonorrhœa in women, as in men, consists of an exudative inflammation of the sub-mucous connective tissue, and the genital organs of women are so extensive, complex, and involuted, and so profusely supplied by blood vessels, which frequently undergo normal engorgement that it can readily be understood why the morbid process may show a tendency to become chronic and lurk and hide.

The author stated that there has been a tendency developed within the past ten years to refer, in a loose and unscientific manner, all female ailments to gonorrhœa, and attribute to many husbands, who in earlier days had gonorrhœa, a gonorrhœal infection of their wives, which produces serious consequences. The extreme and exaggerated views of Næggerath, who claimed that 800 out of every 1,000 men living in large cities suffered from gonorrhœa, which they never recovered from, and who, on marrying, sooner or later infected their wives, have done much to perpetuate these ideas. There is a tendency nowadays to harp upon the longevity of the gonococcus, its Phœnix-like power of resuscitation, and its relentless virulence. This idea, put forth by some syphilographers, has had undue weight upon many gynecologists, who, under its influence, are led to think that the gonococcus in the male and female never dies, and is ever ready to produce pelvic mischief. Dr. Taylor said he has seen many young women who have suffered from uterine and pelvic disease after marriage, whose trouble was induced by instrumental manipulation at the hands of energetic young men possessed of an ambition to be known as gynecologists. Minor surgery is certainly the cause of a great many cases of uterine and pelvic disease. In estimating the importance of gonorrhœal infection as a cause of female trouble, we must individualize, rather than generalize.

Guaiacol as an Application in Orchitis.

Pietro Pucci (Gazz. d. Ospedali, June 1st,) reports the case of a man, aged 66, who had suffered from repeated attacks of ague. Inflammation of both testicles suddenly came on without any apparent cause, and this was followed within two or three days by an acute attack of malarial fever. Sulphate of quinine was given for a week without any effect on the fever, while belladonna was applied to the testicles, equally to no purpose. An ointment composed of 2 g. of guaiacol and 20 g. of vaseline was then prescribed, about 2 g. of it being painted over the scrotum thrice daily, and the quinine being discontinued. The result was that the fever was almost at once subdued, and the orchitis was entirely cured in a week. The immediate effect of the guaiacol was an intense burning sensation at the place where it was applied. This lasted about ten minutes, but half an hour after the application the pain was distinctly mitigated, and finally ceased on the third day of the treatment.

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INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.**LAMBERT'S LITHIATED HYDRANGEA.****RENAL ALTERATIVE—ANTI-LITHIC.**

FORMULA.—Each fluid drachm of LAMBERT'S LITHIATED HYDRANGEA represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE BENZOIC ACID of value Prepared by our improved process of osmosis. It is INCORPORATED with LITHIUM and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

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Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable *Kidney Alterative and Antilithic agent* in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hematuria, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES.

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE and LAMBERT'S LITHIATED HYDRANGEA.

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Treatment of Cystitis.

Freudenberg (Clinical Journal) has tried cantharidin in fifty-six cases of cystitis. The formula used was cantharidin 0.001 (—1 mg.), alcohol ad solvend., 1.0; aq. destil., ad 100. A teaspoonful of this was given three or four times a day; larger doses did not succeed if this failed. Results:

1. In five cases no improvement; of these only one was afterwards cured by local treatment (cases of vesical tuberculosis, contracted fibrous bladder, etc.).

2. In nineteen its action was slight, or even doubtful, the strangury alone being improved, or the urine clearing without the cure being complete. In one of these the cystitis was due to perforating silk sutures after laparotomy, and the strangury was alone improved; in another, the bladder had diverticula; some remained, however, in which the drug failed without apparent cause; for example, in one case of gonorrhœal cystitis, afterwards cured by sandalwood oil.

3. The remaining thirty-two cases were completely cured, often surprisingly quickly. In three cases of gonorrhœal cystitis, cantharidin succeeded where sandalwood oil failed.

Conclusions: (1) Cantharidin is approached only by sandalwood oil in its action in cystitis, and the latter is to be preferred if urethritis is present. (2) Its advantages are its cheapness, tastelessness, and almost complete freedom from unpleasant symptoms, at least in the above-given doses, frequent erections being noticed only once (after use for ten days), formation once. Disordered digestion or albuminuria never occurred.

Operation for Perforated Gastric Ulcer--Recovery.

Dr. Kirkpatrick (Montreal Medical Journal) reports the case of a woman, aged 24, chlorotic, and suffering from severe gastric pain for two years. Two days before admission to hospital she had severe epigastric pain, and vomited "dark-coloured" matter. On admission, temperature was 101.5°, pulse 120, respiration 44. There was tenderness, but no marked abdominal distension. The following day the abdomen was opened, the anterior stomach wall was found adherent to the parietes to a slight extent and in breaking the adhesions the perforated ulcer was discovered in the anterior wall, a little to the right of the œsophageal line. No stomach contents escaped. The aperture was closed carefully, a rubber tube inserted into the right flank, and the abdomen closed. The tube was taken away after twenty hours; on the third day small quantities of milk were given by the mouth. The wound healed by first intention, and a good recovery was made.



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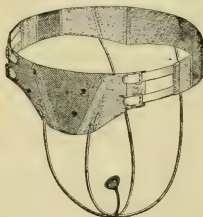
SOLD BY LEADING DRUGGISTS.

Unusual Variety of Hæmaturia in a Case of Vesical Tumor.

Dr. Ferria (Edinburg Medical Journal) gives a note of the case of a patient, aged 24, who complained of painful micturition and hæmaturia. This latter symptom had been two years in existence, hæmorrhage occurring at considerable intervals at first; latterly more often, with increased pain and frequent urgent desire to empty the bladder. The hæmorrhage occurred more abundantly at the close of the act of micturition till shortly before advice was sought, when severe pain occurred at the beginning of the act, and bleeding on almost every occasion, and *only at the beginning* also, the remaining urine being limpid. On examination it was determined that there was a considerable degree of retention, and that while the prostate and seminal vessels seemed normal, the sound, when introduced, on approaching the neck of the bladder came in contact with a surface apparently irregular and friable. On relieving the retention the catheter enabled Dr. Ferria to recognise a tumour in the bladder. Suprapubic cystotomy was performed, and the tumour (a papilloma) found on the anterior bladder wall to the left side, about three fingerbreadths from the urethral orifice. The pedicle was slender, $2\frac{1}{2}$ centimetres in length, and the tumour was of the size of half a walnut, with a prolongation on one side, which reached the neck of the bladder and penetrated the prostatic urethra.

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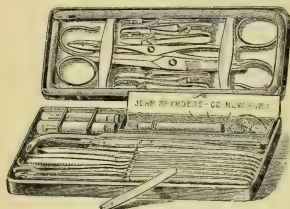
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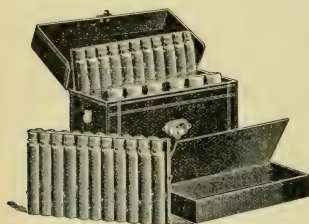
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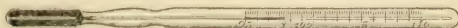
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Febriline Tasteless Syrup Quinine

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Fresh Simple Syrup..... 3/4 iv

Iron by Hydrogen..... Gss. Lxix

Dose one to two teaspoonfuls.

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Febriline Tasteless Syrup Quinine

(Lyons)..... 3/4 iv

Fresh Simple Syrup..... 3/4 iv

Iron by Hydrogen..... Gss. Lxix

Iodide of Potash..... Gss. cxxviii

Dose one to two teaspoonfuls.

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Febriline Tasteless Syrup Quinine

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Fresh Simple Syrup..... 3/4 iv

Iodide of Potash..... Gss. cxxviii

Fld. Ext. Cascara Sagrala..... 3 i

Dose one to two teaspoonfuls.

FOR LA GRIPPE.

Febriline Tasteless Syrup Quinine

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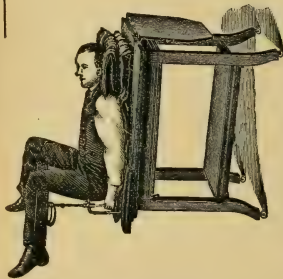
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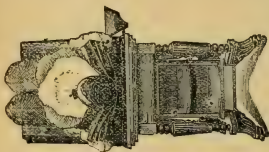
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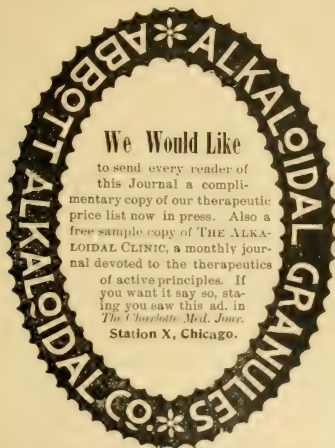
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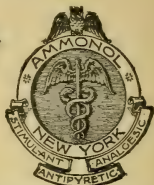
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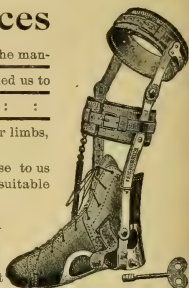
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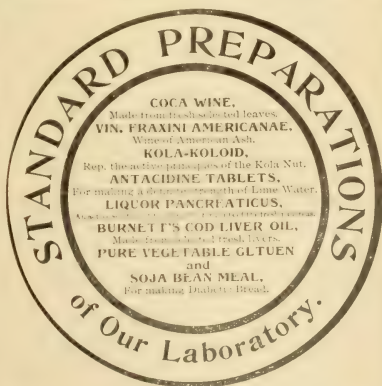
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Physiology of the Carbohydrates, F. W. Pavy, M.D., LL.D., F.R.S.

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The Charlotte Medical Journal.

VOL. VII. CHARLOTTE, N. C., DECEMBER, 1895. No. 6.

The Importance of Early Diagnosis in Some Forms of Nervous Disease.¹

By IRVING C. ROSSE, A. M., M. D., F. R. G. S.

Lately Professor of Diseases of the Nervous System, Georgetown University: *Membre du Congrès International d'Anthropologie Criminelle*; of the American Neurological Association; the New York Medico-Legal Society; Vice-President of the Medico-Legal Congress, etc.

Only a few days since I was forcibly struck by the action of one of my patients, now in the advanced stage of locomotor ataxia with progressive cortical changes, who on meeting his former physician refused his proffered hand, for the reason that he was one of several physicians who for years had treated him for what they mistook for rheumatism. However questionable the act may be as regards politeness there can be no doubt of its import to the patient when looked at from a diagnostic view point. Had the patient been treated by a skilled neurologist his condition would not be so lamentable as it is to-day.

I do not mention this incident in the way of unkind criticism of any one; but it seems almost incredible, in view of the numerous warnings from neurologists, that so many general practitioners, who do not hesitate to recommend their patients to oculists, gynecologists, or other specialists, will continue to grope in the dark when a neurological question is involved.

Some years ago I presented a paper to the American Neurological Association at Long Branch, in which I called attention to the frequency with which chronic inflammatory and degenerative affections of the spinal cord are incorrectly diagnosticated and treated as rheumatism even by practitioners otherwise well informed.²

The observations therein mentioned, showing notable failures of diagnosis, consisted mostly of cases examined for medico-legal purposes, and each case was accompanied by more or less voluminous written testimony of physicians who had recorded such diagnoses as chronic rheumatism, rheumatism and heart disease, rheumatism and disease of the eyes, malarial poisoning, disease of the liver and spleen, sunstroke and resulting loss of sight, general prostration and debility, sciatica, and other vague pathological generalities. The certificates of disability were written by

1. Read at a meeting of the American Medical Association, Baltimore, May, '95.

2. Illustrations of Error in the Diagnosis of Some Nervous Diseases. *Journal of Nervous and Mental Disease*, Nov.-Dec.; 1887.

medical men, from widely distant points of the United States, and by surgeons of the army and navy.

Many of the patients in question have since died, and one having committed a criminal offence, was, in my opinion, unjustly sentenced to the penitentiary.

Being of frequent occurrence in my own experience my mind is filled with recollections of tabetic material where the attending physician had taken refuge in such a generality as malaria, or more commonly the alleged effects of *grippe*. It is only necessary to cite a few examples by way of specification.

A short time since I was called in consultation to see a young man who for several years had been actively treated for *malaria*. Upon the advice of physicians he had taken much exercise, but going from bad to worse, finally broke down on attempting to ride a bicycle. I found the poor fellow in the advanced stage of locomotor ataxia, with gastric crises and trophic change of the stomach. He lived but a short time.

The second case was that of a United States Senator, whose wife was highly incensed at my diagnosis, although it was afterwards confirmed by two of the best neurologists in New York. During the last days of the Senator's illness he came under the care of a general practitioner, who, to my surprise, says that he did not notice or examine for tabetic symptoms, and that the distinguished consultant he called in from Baltimore attributed most of the symptoms to cirrhosis of the liver.

In the third case, a woman under the care of a general practitioner, who had come to the end of his therapeutic tether, I found an alcoholic history, and the last stage of sclerotic tabes. On informing her husband of the hopeless character of the case, one of the numerous irregular practitioners who infest the National Capital, was called by a member of the family, and proceeded to apply electricity, with which he claims to have cured twenty cases of locomotor ataxia. A few days later, on looking over a newspaper, I noticed the death of the patient.

So far indeed has the idea of malaria been carried that a few years ago a public man in Washington died of what was supposed to be malaria contracted at the mouth of the Ganges River, in a tour around the world, but which in reality turned out at the necropsy to be cancer of the stomach. Occasionally, however, we find a man who has the scientific courage to say "I don't know," and forthwith send his patient to a neurologist, as was lately done in the case of a highly respectable woman suffering from paralysis of the extensor muscles of the left leg, and the condition known as "toe drop." She attributed this condition to a sprain from having stumbled over a carpet; but the extension of the paralysis to the opposite leg, and familiarity with the patient's habits, led me to suspect alcoholic neuritis. Under appropriate treatment she made a good recovery.

other case, of a young girl, who had arrived at the age of

puberty, but had never menstruated, I was called to witness what was supposed to be an obscure nervous disease of ovarian origin. A slight strabismus with abdominal tenderness, and information from the nurse that the patient picked her nose and scratched her anus, dissipated all notion of a fancy diagnosis, and led to but one inference, namely, that of worms. Suggesting this to my professional colleague, he reluctantly wrote a prescription for an anthelmintic. The morning following its administration the intestinal parasites came away, the nervous symptoms rapidly disappeared, and the patient made a good recovery.

I may also mention the case of a small boy, who was brought to me from one of the adjoining counties. He had been under homœopathic treatment, and had on an average ten epileptiform seizures every day. The symptoms indicated worms. After appropriate treatment he passed two weeks without a manifestation of epilepsy, which ultimately disappeared, and I have no knowledge of its recurrence.

Quite different was the case of a comely young woman who consulted me several years ago for a variety of obscure nervous symptoms. Something in her face suggesting an unhappy love affair, I asked if she was suffering from anything of the kind. She answered, in a hesitating evasive way, that led me to suspect her truthfulness. After some weeks of treatment she made but slow progress, and I finally lost sight of her until a year afterward, when she came to my office, and after much hesitancy and embarrassment, told me that she had a confession to make, which was simply this: An elderly woman, a so-called Christian scientist, had been using her for purposes of tribadism, and had obtained such influence over her as to break up most of her domestic and social relations, besides injuring her health. As the woman had quitted Washington, she did not feel the restraining influence that formerly kept her from telling me this fact. I saw nothing more of my patient for several months, when happening to be on a holiday in Europe, and waiting for a train in a railway station in Paris, I saw her with her former old associate in crime, from whom she probably could not stay away.

I mention this case for the reason that one of the oldest practitioners in Washington remarked, at the reading of a paper on sexual perversion, that he did not think the cases so common as I had reported, or he would have seen them. This is one of many similar cases that have since then come to my knowledge.

Much remains to be said upon the importance of early diagnosis of epilepsy; for there is no disputing the fact that a small proportion of cases of this protean affection may yield to early and careful treatment. I say protean in speaking of this terrible neurosis, for nothing could be more incongruous than the symptoms that go to make up a diagnosis in such apparently different attacks as that of epileptiform vertigo, an attack of *grand mal*, or a manifestation of epileptiform mania.

However much may be said upon the feasibility of early diagnosis of epilepsy by a person having the necessary technical requirements, its importance is a more serious matter in questions of forensic medicine, since the mistakes of the medical expert are more grave in their consequences than those of the ordinary practitioner.

In the last year or two, in the District of Columbia, we have had examples of questionable legal proceedings in cases of aphasia, paranoia, and epilepsy, in which irresponsible individuals exhibiting the morbid degradation of a suffering organism and morality in ruins, have become the victims of judicial predilection and the sentiment of the hour.

The recent case of *Taylor*, an epileptic wife murderer, who also shot himself over the heart with suicidal intent, may be cited as a case in point. Here hereditary predisposition, domestic chagrin, and obsession with impulsive tendency were predominant features. The father was a consumptive and the mother a paralytic, the significance of which is evident, if we accept recent statistics, which show that in about fifty per cent. of epileptics there is a family history of some nervous pulmonary trouble. Besides epilepsy the accused had a clinical history of sunstroke; a scalp wound over the upper portion of the frontal bone, and a depression from a horse kick about the vertex of the skull. The pupils showed a want of accommodation and responsiveness to light, and ophthalmoscopic examination showed a choked disk. He was neurasthenic and tremulous and had exaggeration of the patellar tendon reflexes. Eroticism was another salient point in the history, as the accused says that he missed copulation but thirty nights in five years. Nymphomania seems also to have prevailed on the other side of the house.

Viewing these facts, and the proved infidelity of the wife, is it astonishing to any one, with even a small knowledge of psychiatry, that the stress induced thereby should lead to impulsive or delirious acts of fury such as suicidal and homicidal attempts, or even wife murder? At least ten instances of the latter crime, committed by epileptics, may be cited. In fact it may be said that no epileptic can be a kind and loving husband, because of egotism, suspicion and irascibility; and it is no temerity of language to say that some of the greatest crimes that have shocked human nature have been committed by epileptics. Of course it is not pretended that every epileptic is a lunatic, but it is safe to say that every epileptic is a candidate for insanity. Nor is it denied that history furnishes instances of great epileptics, as Cæsar, Mahomet, Peter the Great, and Napoleon. The alleged epilepsy of the last named is, however, denied. Having lately spent some time in France, my attention was brought to evidence that shows the assertion to be utterly without foundation.

But to come back to the case under consideration, in which I testified for the defence, the question of the prisoner's suicidal wound being brought in by counsel, I was asked as to my opportunities for collecting

and studying facts relative to gunshot wounds. I answered that my experience was probably larger than that of any other man in the United States, an assertion that may seem strange in coming from a neurologist, and one that is mentioned with reluctance, therefore the facts must be specified upon which it is based. In addition to seeing numerous gunshot wounds in various military hospitals around Baltimore and Washington during the Civil war, and in Europe after the Franco-Prussian campaign, I handled, studied and described thousands of specimens in the Army Medical Museum, where I was employed for several years as one of the collaborators of the Surgical History of the War, and after that I examined for the Pension Bureau many thousand gunshot wounds of all kinds in applicants for invalid pensions.

In stating to the court the result of my examination, I came to the conclusion that the prisoner was a man of unsound mind and not sufficient master of his own actions to enable him to *choose* between right and wrong in the offense for which he stood indicted. The term *unsound mind*, which appears to have caused the court considerable embarrassment, is herewith used advisedly, since it is employed by the latest and best medico-legal writers, and also appears in the newest legal authority, the English and American Cyclopaedia of Law.

Dr. William A. Hammond, and others, testified to substantially the same thing as myself; yet the Superintendent of a Pennsylvania Insane Asylum took the stand for the prosecution, without having examined the prisoner, and in expressing a purely theoretical opinion, testified to the sanity of the accused, totally ignored the post-epileptic mental state, and among other amazing assertions declared "there is no such thing as nocturnal epilepsy."¹

Testimony of a similar nature was given by the same Superintendent in the case of *Beam*, who murdered his step daughter. After about fifteen minutes examination this paranoiac was pronounced sane, and handed over to the gallows, notwithstanding the fact that numerous lay witnesses swore to his insanity. As this unfortunate degenerate was too poor to employ a medical expert in the way of rebuttal, I was asked as a matter of charity to examine into his sanity with a view to secure a new trial. From trustworthy sources it was learned that the prisoner's father has been a senile dement for thirteen years in a public institution, and that the mother is a woman of irascible disposition, whose conduct has been erratic and suggestive of unsound mind. The history of the accused showed the turbulent career of a paranoiac, who was so influenced by delusions of religiosity as to read sermons to cattle and to the dead in unfrequented grave yards, and to cherish the still crazier notions of building a stairway

1. In this case the public disapproval of the court's sentence, which was more expedient socially than just scientifically, and the unfavorable criticisms of the press thereon, brought about a commutation of the sentence to imprisonment for life.

from the moon, and of reforming all the prostitutes of Baltimore, one of whom he married by way of practical application.

I found the prisoner of indifferent physical development, with congenital deformity of the thorax and syphilitic. There was not the slightest attempt at concealment or simulation, although the prisoner talked freely and somewhat incoherently. He had a number of delusions, one as regards a cat, another as to untold wealth in a gold mine he had discovered in Maryland, a third in regard to hypnotism, and a fourth as to poisoning.

The main objection to granting a new trial in this case, in which the physical and psychical stigmata of degeneration were, so well marked, appears to have hinged on the phrase "unsound mind," which I used in my affidavit. Seemingly imbued with the "wild-beast theory of insanity" and the residuum of by-gone legal superstition, which, not so long ago, considered it right to hang the innocent old witches of Salem, the court in attempting to be its own medical expert, utterly ignored the more advanced teachings of science. Assuming these teachings to be true, it is, therefore, not the perfection of reason to deny the connecting link between science and law, or to reject their application to purposes of justice.

Something of the same spirit seems to have tintured the mind of the bench in the case of the paranoiac *Schneider*, some medico-legal details of whose case I have recorded elsewhere.² It is, however, only fair to the judges to say that they were largely influenced in this case by the unfortunate opinions of "three physicians of known eminence," employed by the Government, and who, in the light of subsequent events, are shown to have been utterly mistaken.

The foregoing cases, though furnishing the morphological stigmata of degeneration as well as the mental, nervous, and moral states that constitute disease of the mind and nerves, and delinquency, are at the same time striking instances of the non-recognition and disregard of medical expert evidence by the average citizen.

They also stand in bold relief when contrasted with such judicial inconsistencies as the *Sickles* case or that of the Treasury Department murderer, *Mary Harris*, who a short time since married her senior counsel.

In the District of Columbia, without a law to regulate the practice of medicine, charlatans, and all sorts of mediocrities prevail to such an extent that the public shows little or no discrimination between an educated medical man and a quack. Consequently in public estimation the opinion of the most incompetent so-called doctor is just as good as that of the able and experienced.

In Germany, where the pig-headed and brass-handed rule of blood and iron comes down heavily, they manage such things differently. So much heed is given to medical intervention in matters of the kind, that of

2. Jour. Am. Med. Association, Feb. 2, 1895. also Virginia Med. Mo. for Feb'y.

late we read of lust-murderers being declared insane, when we all know that such persons in the United States would not only meet with no mercy in a court, but would, in all probability, become the summary victims of a disorderly mob of lynchers.

Many persons, however, say in reply that the class of defective individuals, of whom we speak, are best disposed of after the manner of mad dogs, which we do not hesitate to kill on the ground of public safety. While such a proceeding may obtain in pioneer communities, it is doubtful whether any argument can justify similar steps for the protection of society in these days of growing civilization and Christian enlightenment.

Aside from questions of criminal responsibility affected by medical facts like the foregoing, the interpretation of many sensory, motor, and trophic symptoms may bear upon questions of civil incapacity. How many physicians overlook the apparently trivial and insidious prodromata of general paresis, the brain-lag, neurasthenia, and polyuria of the overworked business man, and how many ophthalmologists give due weight to the diagnostic importance of the condition of the eye-grounds in the matter of some chronic cerebro-spinal affections?

Although I have in this paper spoken of but a few nervous diseases, the ideas I wish to convey relatively thereto apply forcibly to many other conditions ranging all the way from idiocy to "angel-wing" paralysis. What shall we say of the late diagnosis of appendicitis, cirrhosis of the liver, degenerative nephritis, and other medical and surgical affections where life may have been prolonged or saved by an early diagnosis?

My experience in common with that of most neurologists is that the diseases herewith mentioned are not recognized as early as they can and should be. In the matter of forensic medicine, the questions in which diseases of this class are concerned, are simply those of diagnosis; but if we wish to arrest or cure such dismal and discouraging cases as those afforded by the decay of the nerve elements, we shall never regret the attention and care expended in making an early diagnosis.

1701 H. Street.

The Sigmoid Flexure.

By S. H. LINN, M. D., Rochester, N. Y.

The inter-sigmoid pouch! Reach it, and treat it as kindly as you would an endometrium, or any other inflamed mucous membrane and you will certainly cure many cases of a much misunderstood, maltreated and extremely common class of disease.

I do not propose to go into the general anatomy of the lower bowel, or to take up its pathogenesis, or go into the germ theory of its diseases. My aim is to call the medical profession's attention to a closer recognition of this unattractive locality and show the important relation it bears to its neighboring organs.

Experience and observation for many years have convinced us of the fact that rectal diseases are the foundation and cause of very many other grave forms of chronic disease which it is impossible to cure so long as the rectal lesion holds. Very many serious uterine affections that baffle the skill of the practitioner, are thus obstinate because he has failed to discover or cure the rectal complication.

Now, it frequently happens that a portion of the fæces and irritating substances which ought to be discharged at each evacuation of the bowels is retained, an accumulation thus gradually takes place, eventually becoming very considerable in the sigmoid flexure, the seat of sigmoiditis. I have used the term sigmoiditis to express more clearly the locality. I have never heard it used, nor have I seen it in print.

Under these circumstances fæces are discharged from the rectum, and when accompanied by much mucus, the result of the irritating sigmoiditis, supposed diarrhœa is observed; but by a careful examination of the abdomen and sigmoid, a true state of things will be found, and while diarrhœa is taking place from the rectum the sigmoid will be found impacted.

The above quotations are taken from a recent article by the author of this paper.

How important then this locality becomes; how necessary to reach it, and treat direct these pathological conditions. First in importance is cleanliness. Make it as effective as possible. Use your sigmoid irrigators or catheters.



Linn's new hard and soft rubber Sigmoid Catheter.

This cut represents one of the most unique and beautiful instruments ever constructed. It is an entirely new process; being in one piece of half soft and half hard rubber, it is semi-flexible up to where the cut changes color, when it becomes very flexible. It possesses many advantages over all other instruments owing to ease of manipulation, and being entirely void of danger in its use.

Now let follow your treatment. Tar, "*Hydrastis Canadensis*," *Calendula* (Aqueous), etc. If there be chronic ulceration use peroxide of hydrogen diluted; then feed Bovine and Milk; Bovine, 1 oz., Milk, 4 oz., is a good formula. Peptonized milk has been recommended (thoroughly peptonized), or the yolk of egg with starch water, or beef blood with starch water, or barley gruel.

Fairchild's Panpepton acts well; but the *ne plus ultra* of all foods for sigmoidal treatment is Koumiss, prepared after a good formula.

Rectal alimentation, is a misnomer. No such thing takes place

quantities, it is advisable to add lime water in the proportion of a table spoonful to eight ounces. It is also often necessary to stimulate digestion by the use of dilute hydrochloric acid, nux vomica or Fowler's Solution.

The temperature of the milk should be regulated to suit the taste of patients, except it should not contain ice too frequently. Occasionally a little ice may be added, but usually it should be slightly warmed (100° F). Many patients prefer it real hot, which is not objectionable, and is really best if a little seltzer be added. If, from idiosyncrasy or enfeeble digestion, patients are unable to take pure milk, condensed peptonized or malted milk, koumiss or matzoon may be substituted. Sometimes these can be taken in large quantities, when fresh milk cannot be borne. As koumiss and matzoon are really effervescing alcoholic fluids, containing all the nutritive constituents of milk, they are admirably adapted to such cases. While not very partial to condensed or malted milk, so long as pure milk can be obtained, yet, I have recently been much pleased with the results of two or three spoonfulls of Horlick's Malted Milk in a cup of hot water in the morning on awaking, but have not depended on it as a substitute for milk at other times. Cream may be taken alone, mixed with milk, or diluted with aerated water, as freely as desired, so long as it does not disturb digestion, which it is liable to do. This objection, however, may be overcome by taking it with whiskey, brandy, wine or cordial. Cream and butter should also be used freely, especially on cereals eaten at regular meals.

MEAT.—Fresh meat may be prepared in many ways to suit the taste of individual patients, and to suit the taste of the same patient at different times. It may be given raw, or broiled rare over a brisk fire, but never cooked done. It may be scraped, leaving the fibrous tissue, made into balls or little patties given raw, or broiled rare over a brisk fire, seasoned with salt or pepper, or such sauce as may be desired, and served hot. Or pieces of lean meat, free from fat and fibrous tissue, may be chopped fine in a meat chopper, seasoned to suit, and carefully broiled. To this some prefer one fourth the quantity of fat breakfast bacon added before chopping and broiling. Rare meat is as good as raw, and is usually preferred, except some like thin slices or thin layers of scraped meat, raw, between slices of bread. However prepared, at least two pounds of meat should be taken each twenty four hours, in many cases three pounds would be better.

Where such large quantities cannot be taken squeezed beef juice may be substituted; for this purpose a thick round stake, free from fat, should be seasoned with salt and pepper, broiled over a brisk fire, and cut into pieces, small enough, usually about two inches square, to go into a common meat squeezer. To get all the juice a good meat squeezer is absolutely necessary, yet, I have frequently substituted a good lemon squeezer

to good advantage. A pound of meat, which is said to contain about eight times as much nutritious albuminoids as a pound of milk, should yield eight ounces of rich meat juice. If meat juice must be warmed it should be placed in a jar in a vessel of hot water, and not raised to too high a temperature, as heat coagulates the albumen and destroys its nutritive properties. Beef peptonoids, and many of the beef extracts and beef powders on the market, especially prepared for the sick, often serve an excellent purpose.

I have been well pleased with a liquid preparation prepared by the Arlington Chemical Company, which is much more palatable than most of the meat extracts and powders, and which is said to contain, in the smallest possible bulk, the nutritive albuminoids of beef, milk and wheat. Animal broths, and soups, and good beef tea may be taken for a change, but should not be relied on, unless they have added large quantities of beef powders or beef extracts, or some of the powdered or liquid peptonoids.

In small towns and country districts, where there are no meat markets, much trouble is often experienced in keeping up the meat diet throughout the year. Under such circumstances hog meat may be substituted for beef and mutton, or better still, good meat powders, which may be kept almost indefinitely in sealed cans or jars, may be made from dried beef by cutting it fine, and then grinding it in a coffee-mill screwed up tight.

Some of the liquid peptonoids, with creosote, serve the double purpose of nutritives and tonics, but none of such preparations can be relied on entirely.

In an effort to build up the tissues and recuperate the vital and physical forces with these nitrogenous elements, the hydrocarbons the great store house of energy, should not be left out of consideration. For Debove and others have shown that by forced feeding, the powers of assimilation are often in excess of the inclination of patients to take the concentrated nitrogenous and carbonaceous compounds, and, that under such feeding the increase of body weight and improvement in the physical condition are far greater than when patients are left to their own inclinations.

CODLIVER OIL.—Among the fats and oils none have been found equal in nutrition to codliver oil, and if it were not for its disagreeable taste and smell, the clear oil would be far preferable to any emulsion or combination prepared to disguise these disagreeable properties. It is superior to the fats and oils, in that it contains, in addition to the oil and margarin, common to them all, traces of iodine and other valuable compounds, and, in that, it is more readily absorbed and assimilated than any other oils, as shown by actual experiments on animals; a given quantity of codliver oil placed in a loop of intestines being more readily absorbed, and more completely taken up, than a similar quantity of any other oil placed in another

loop of intestines. It should no more be considered a medicine than milk or meat, but be taken with these as even a more nutritious form of food. When practicable, three to six tablespoonfuls of pure clear oil should be given every twenty-four hours, but as compromises must be made here, as elsewhere, it is often found necessary on account of its disagreeable taste, and the fact that it gives rise to indigestion and disagreeable eructations, to disguise it as best we can. It is also objected to by some patients on account of its frequent association with consumption, which most of them are unwilling to the last to acknowledge that they have.

Of the many well known preparations on the market, Scott's, Wampole's and Philip's Emulsions; Codliver Oil and Glycerine, Marsh Mallow Cream and Hydroliene, seem the most reliable. Hydroliene was for some time a favorite preparation with me. In the absence of more palatable preparations, a tablespoonful, three or four times a day, of some of the following will be found useful:

1. Codliver oil $\bar{\text{v}}$ viiss, mucilage of acacia ziv , (or mucilage of tragacanth zii .) oil wintergreen zi , aqua aurantii floris, $\text{qs ad } \bar{\text{v}}$ 16.
2. Codliver oil $\bar{\text{v}}$ viiss, whiskey $\bar{\text{v}}$ iiiss, compound tincture lavender zi .
3. Codliver oil $\bar{\text{v}}$ xii, whiskey $\bar{\text{v}}$ iiiiss, chloroform ziss .

Of late, however, I have used almost exclusively a preparation called morrhuol, which is said to be a considerable form of codliver oil in gelatine capsules.

For rachitic and scrofulous children the following serves a good purpose: Rx O1 , Morrhuol $\bar{\text{v}}$ iv, Syr. Calcis lacto phosphat. $\bar{\text{v}}$ ii, aqua Calcis $\bar{\text{v}}$ i. M. S. a tea to a dessert spoonful three or four times a day.

Codliver oil should be taken immediately, or as soon after meals as suits the patient. It should never be given in hopeless cases, and in all cases should be discontinued for a while as soon as it gives rise to digestive disturbances. As a rule, it is bourn better by children than adults.

PHOSPHATES.—When codliver oil disagrees, or cannot be taken because of an idiosyncrasy, the phosphates, and especially the hypophosphites, and of this the compound syrup is preferable, may be substituted. In many cases these do even better than the oil from the beginning. They are especially valuable in the second and third stages, as they are not so disagreeable to take, and materially aid digestion. The idea of medicine should be removed from them as far as possible. They should be taken as a nutritious and appetizing diet, and not as medicines; for this reason some of the preparations of codliver oil and hypophosphites serve a good purpose. Or they may be mixed by the patient, or his friends, and taken after meals.

Not infrequently the hypophosphites disagree with the stomach and give rise to tormina. If this cannot be obviated by dilute phosphoric acid, ten drops to the teaspoonful of the syrup of hypophosphites, to be taken

after meals, a teaspoonful of codliver oil, which makes a splendid combination, may be added.

STIMULANTS.—Except some of the most reliable malt extracts, or a glass of ale or porter with the meals, stimulants should not be used during the first stage of tuberculosis. In the second stage, in addition to these mild beverages with the meals, milk punch, made of the stronger spirits, taken on rising in the morning, and before retiring at night, is often beneficial. Whiskey or brandy may be taken at any time desired with codliver oil or creosote, indeed, where there is no particular objection in a given case, these stronger beverages may be given in small quantities at regular intervals from the beginning. But, it is in the second and third stages when the appetite begins to fail, and when debility and emaciation become marked, that they are especially indicated.

If we are to believe the laity, in the sections of country where large quantities of apple and peach brandies are made annually, there are more cases of "consumption" cured with brandy and honey, or brandy and rock candy, than by any other means. Perhaps the majority of such reported cases are not tuberculous at all, but, that, under such circumstances, brandy in connection with fresh air may increase digestion, and add to the general nutrition of the body, so as to enable it to overcome the morbid process, seems more than probable.

My faith in the virtue of nutritious diet, including codliver oil and alcoholic liquors, has so increased from personal observation that, now, instead of being surprised and doubting the correctness of the diagnosis, if a case of tuberculosis recovers, I am becoming, more and more, to believe that a large majority, instead of a small per cent., of incipient cases in the country, where fresh air and sunshine can be had in abundance, should recover with proper care and treatment.

One thing is certain, so long as the appetite and digestion remain good; we can at least look for a temporary increase in weight, and an amelioration of symptoms under proper hygienic and medical treatment, with the same assurance that we expect improvement in a case of malaria under the use of quinine. The degree of improvement will, of course, depend much upon the extent of the lesions, and the capacity of the system to assimilate nutritious albuminoids and carbohydrates. Of course, the chances for recovery are much better in the first stage of the disease, but in the second, and even in the third stage, life may be trebled by such treatment.

The object being to increase the body weight, build up the nutrition of the tissues, and thereby raise the resisting power of the system to the highest possible point, it is of the greatest importance that an early diagnosis be made, and systematic feeding be commenced while digestion is good, in order that the morbid process may be overcome at once. In addition to the three regular, daily, meals, consisting largely of milk,

meat, soft boiled or poached eggs, fish, oysters, broiled or stewed chicken, butter, fruit, vegetables and stale bread, the patient should take lunch on rising and before retiring, and between the principal meals. A glass of hot milk, or hot milk and seltzer water, should be taken slowly soon after awaking and before rising. The forenoon lunch should consist of milk or squeezed meat juice, or both, and stale bread, and the afternoon lunch should consist of the same, except scraped beef may be substituted for the meat juice, and a bottle of Kouniss may be substituted for the milk.

Milk should constitute the principal drink, but a small cup of coffee or tea may be taken also if desired. Codliver oil should be taken after each principal meal, at least, until there is a decided objection to its use, in which case, hypophosphites must be substituted, and sufficient additional nutritious diet taken to make up for the amount of oil left off.

A little Ale, Porter, or good Cognac, may be taken with the meals, if believed necessary, to stimulate digestion. Frequently a hot punch before retiring secures a good night's rest. In the last stages of the disease it may be necessary to give up the three regular meals, and to give smaller quantities more frequently. In this stage, too, it is of the utmost importance that the food be carefully and daintily prepared. Meat and milk peptonoids are often very serviceable in such cases. In many cases it may be necessary to feed through the stomach tube. From the very beginning it is important to keep watch over the digestion, and brace it at every weak point. Sometimes a cup of hot water, sipped during several minutes on rising, and even before each principal meal relieves nausea, and prepares the stomach for the reception of food. Dilute hydrochloric acid in twenty drop doses before, and nux vomica or pepsine after meals, keep up the appetite, and stimulate digestion. In many cases, however, it is preferable to give the pepsine before, and the acid and nux vomica after meals. Where creosote is used in the treatment, the digestive disturbances are not so great, and wretching and vomiting are not so frequent. As nauseating cough syrups disturb digestion, they should never be given if it is possible to avoid them. Patients should not eat when hot or fatigued, and should often lie down or take a short nap before the mid-day and evening meals. They should try, as far as possible, to secure a movement from the bowels at least once every twenty-four hours, for this purpose, it is often necessary to use anæmas of hot water.

Regular baths, with friction and massage, often materially aid digestion in many ways. While tepid baths are usually preferred by most patients, and should be used when moderately cold baths disagree, or are objected to, yet, as it has been recently demonstrated that, since, number and potency of the white corpuscles of the blood are actually increased by moderately cold baths they should be used whenever possible. This should be more especially insisted upon, since in this way the idle or stagnant blood in the out-posts of the body may be forced

into the internal viscera, and there made to do active service in aiding digestion. After each bath the surface of the body should be rubbed thoroughly dry with a rough coarse towel.

When a thorough bath is taken at night in water containing a little borax or aqua ammonia, it is well, in many cases, to annoint the patient thoroughly with fresh lard, thoroughly beaten till it has the appearance of cream, or with cotton seed oil, petroleum or cocoa butter. Whatever ointment is used should be delicately perfumed. The hands and feet should be kept warm, and sleep secured at night. Of course, plenty of fresh air, sunshine, and appropriate exercise, when admissible, are necessary to maintain digestion at its highest state of perfection.

To those not accustomed to details, the above array of particulars would probably appear useless, but if the plan of dietetics herein so imperfectly outlined be varied and improved upon in different cases, and in the same case at different times, and under different circumstances as occasion at the bed-side will offer, and the results compared with the loose method so often followed in private practice, few will be willing to return to the old method. It is this attention to details that has given the uniform good results in the treatment of tuberculosis in Sanitariums established for that purpose, and it is these results that will lead to the establishment of more of these institutions in this country, if this large unfortunate class is to get the benefit of the best that science and skill has to offer, unless more attention be given to minute details in dietetics in private practice, especially in small towns and country districts.

Antiseptics and Their Application in Surgery.

By Dr. E. P. NILES, Blacksburg, Va.

Surgical operations have been performed from the beginning of the earliest historical time, but not with the aid of antiseptics; for our acquaintance with antiseptics dates back but a comparatively few years. In fact antiseptics were but little used until bacteria introduced themselves to us in such manner that we could not fail to recognize them as a serious obstacle in the way of performing successful operations. The use of antiseptics then, in any thing like an intelligent manner, is comparatively new. The majority of surgeons, whether practicing on man or animal, have now adopted their use in all operations, no matter how trifling, but strange as it may seem there are still a few who declare the germ theory to be a humbug, and scout the idea of the use of antiseptics at all times.

Since their free use, however, many operations are now successfully performed which were at one time entirely impractical on account of the high mortality. The death rate in such operations as laparotomy for the removal of a kidney, ovary, vermiform appendage, etc., has been reduced to a minimum by their use, and such operations are now being performed

almost daily, while a few years ago they were performed with great reluctance.

The germs with which the surgeon has to deal most are the pus forming organisms, of which there are several varieties. The variety of these organisms, however, does not concern us in this article, for an agent that will destroy one will as effectually destroy all.

Since their constant presence has been recognized, chemists have been particularly busy in preparing compounds for their destruction, or, perhaps more properly speaking, out of which to reap their fortune.

It is not my intention to discuss the long list of so-called antiseptics. I shall occupy only a little more space in the discussion of a few experiments conducted by the writer in the laboratory, with a view of ascertaining the value of certain agents sold as antiseptics.

In these experiments the *staphylococcus pyogenes aureus* was taken as the most common pus forming organism; and it was considered that an agent that would destroy this organism would equally as well destroy the other forms of pus producing agents.

In all of the experiments agar-agar and bouillon, made by the usual formulæ, was used as the culture media. In the case of agar-agar, surface inoculations were made and the powdered drug immediately dusted over the surface; while with the fluid culture media a solution of the drug was added until the required per cent. was obtained.

Of the drugs experimented with lysol, creolin, iodoform, hydronaphthol, salicylic acid and boracic acid proved to be valuable antiseptics.

A four per cent. solution of lysol was made, and enough of this solution poured into a fluid culture of the S. P. A., so that the germ was in a two per cent. solution. Inoculations on agar-agar were then made five, ten and fifteen minutes respectively. No growth occurred in any of the tubes inoculated. A solution of lysol of the same strength, (2 per cent.) was afterwards used on a deep punctured wound of a horse with the result that suppuration was reduced to almost nothing. Lysol is also objectionable to flies which are very troublesome to wounds that can not be covered in the lower animals.

Creolin retarded the growth of the germ in one per cent. solution, but did not destroy them in fifteen minutes. Two per cent. solutions are quite effectual. Having no toxic effect it is an antiseptic of great value in canine practice. It also proves quite destructive to fleas.

Iodoform entirely prevents the growth of the pus forming organisms when brought in contact with them, having for its objection only its disagreeable odor. On this account many iodine preparations have been concocted as a substitute, the most common of which are dermatol, iodol and aristol. These were all experimented with in the powdered form. They did not interfere with the growth of the germ in any way.

Bichloride of mercury retarded, but did not destroy the growth of the

germ in thirty-five minutes in solution of 1-1000. One to five hundred destroyed the germ in five minutes.

The conclusion is naturally drawn that bichloride of mercury has gained its reputation as an antiseptic through its power to retard the growth of the germ, thus allowing nature to continue its reparative process without interruption.

Dermatol, iodol and aristol have no antiseptic properties, but when dusted over a perfectly aseptic wound may prevent suppuration, by forming a protective scab, thus preventing the entrance of pus forming organisms, but having no destructive influence upon them.

Europhene, another substitute for iodoform, acted in the same manner, showing no antiseptic properties whatever in our experiment.

Salol (salicylate of phenol) has been recommended as a dressing for wounds, but when applied to cultures on agar-agar it has no destructive properties. When administered internally, however, it is broken up into its two constituents, thus giving good results.

Hydonaphthol is an excellent antiseptic, both in solution and powder. A solution of 1-1289 proved destructive to the germ in our experiment in five minutes. The drug has the disadvantage, however, of not being freely soluble in water, thus making it necessary to first dissolve the powder in a small quantity of alcohol and diluting the whole until the required proportion is obtained.

Salicylic acid and boracic acid entirely prevented the growth of the germ in the powdered form. Solutions of these drugs were not tried.

It will be seen by the above recorded experiments that lysol, creolin, iodoform, hydonaphthol, boracic and salicylic acid acted as good antiseptics when used in the proper manner and proportion.

Europhene, aristol, dermatol and iodol do not take the place of iodoform as claimed by their manufacturers.

The drugs experimented with by no means exhausts the long list of agents used as antiseptics, but from them may be selected a few agents which will meet the wants of every surgeon. The manner of applying these drugs must be governed by circumstances. If the powdered form is to be used, the parts to which they are to be applied should first be irrigated with an antiseptic solution to insure perfect asepsis.

Antiseptics are applicable in all classes of wounds and operations, whether in man or beast. The writer once heard a physician remark that he did not like peroxide of hydrogen because it cleaned a wound too clean. Some veterinarians argue that antiseptics cannot be used to advantage on the lower animals on account of the frequently filthy surroundings. Such arguments as the above are folly; there is no such thing as getting a wound too clean. If the surroundings of a patient are filthy, there is all the more need of the free use of antiseptics. It is true that under such

Osmosis is truly a wonderful phenomena, but it does not occur in supposed rectal alimentation.

The food is carried up by an anti-peristaltic motion, where there is strength enough left in the intestinal walls to act. Otherwise it fails to do any good, and should, therefore, be conveyed directly into the sigmoid pouch.

How can nourishment be given by the rectum unless physiological conditions are perfect and the alimentations be carried up into the sigmoid pouch to there be absorbed by the lacteals? In weak prolapsed sigmoids you must get it there without fail, or your alimentations cannot do any good.

On the mucous coat of the descending colon and sigmoid flexure, open some of the lacteals, (less numerous than in the small intestines) extending down to the rectum only.

Now by the absorption in the sigmoid from a fermenting and decomposing mass and an inflamed and suppurating surface, blood poisoning has been and is the result, as is seen from a dull unhealthy complexion and offensive exhalations from the skin and lungs, depressed spirits, irritability, drowsiness, vertigo, headache, palpitation, furred tongue, pains in the back, etc. We now know that feeding ulcerating surfaces, cures them.

Molecular death of mucous membrane is stopped by first cleansing then feeding the part, then having the liquid food follow your cleansing medication of the inter-sigmoid pouch.

As to the relation of the uterus to the intestines in gynecological cases, it is a common occurrence for women to consult doctors thinking that they have some genito uterine affection, when on examination only a considerable accumulation of fecal matter is found.

It also seems to be demonstrated that there are special cases of peritonitis that are of intestinal origin, entirely different from puerperal affection, and due to a retention of fecal matter in the sigmoid. The microscope and bacteriological studies have demonstrated the different etiology of these cases.

Under the influence of some lesions, or simply of venous stasis, or again of a serous infiltration of the intestinal coverings, the bacterium coli communis passes into the peritoneum and causes inflammation. In such cases the microscopical examination of the liquids found will show the common coli bacillus in place of the streptococcus found in puerperal septicaemia.

Prolapse of the sigmoid into the rectum is one of the most common, and at the same time unrecognized conditions which cause constipation and rectal troubles. I have never seen anything in reference to this fact. I have seen prolapse of the sigmoid more often in elderly persons due to

a common fact, the degeneration of the muscular coat of the sigmoid; it is also very common in chronic dysentery and in all wasting diseases.



Fig. 2 represents a new form of screw speculum—LINNS—designed for use when inserting the sigmoidal catheter. It is made of hard rubber and metal, in two parts, but inserted as a whole by a screw motion. When in position in the rectum the larger part is withdrawn, leaving the smaller in situ, through which the catheter is inserted into the sigmoid by a twisting motion.

By the use of the above form of speculum the rectal sigmoidal opening is readily found and the catheter is very easily introduced.

No. 243 Alexander Street.

After Treatment of Ovariectomy ; Vulvo-Vaginal Cyst ; Coccygodynia.

Clinical Lecture Delivered at the Jefferson Hospital, October 22, 1895.

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Gentlemen:—The first patient whom I show you, was operated upon one week ago, removing an ovarian cyst. I show you the result of the operation, and remove the dressing for the first time. You see the temperature record; the lowest is $97\frac{2}{5}^{\circ}$, the highest $100\frac{1}{5}^{\circ}$. To-day it is normal. She suffered considerable inconvenience the first twenty-four to thirty-six hours from distension by gas. With that exception she has had a very comfortable convalescence.

The after treatment often demands as much skill and care as are required in the operation. Every precaution is exercised during the performance of the operation to insure the patient against subsequent hemorrhage, but in spite of every precaution, post operative hemorrhage, due possibly to slipping of the ligature, sometimes occurs. Hemorrhage will be recognized by increasing shock, by a thin, wiry, or absent pulse, an anxious countenance, the skin covered with a clammy perspiration, a sighing respiration, and the restless patient moves her limbs and throws her head from side to side. The lips become blanched and pale, and she complains of intense thirst. Such symptoms demand an immediate effort

to secure the bleeding vessels, as only prompt arrest will afford the patient a chance for life.

In ordinary shock, the plan of treatment would consist in the application of bottles of hot water, wrapping the patient in a hot blanket, and thus maintaining the body heat by artificial means. The use of diffusible stimuli, such as coffee, whiskey, brandy, or champagne, given by the rectum. Apply bandages to the limbs in order to increase the blood supply to the more vital organs; elevate the foot of the bed so as to decrease the heart force necessary to send blood to the brain. Probably one of the most efficient methods in overcoming shock is the introduction of ice suppositories into the rectum. This procedure is the only one of those named that is applicable where internal hemorrhage is occurring prior to ligation of the vessels. Strychnine given hypodermically in doses of one-fortieth to one-fifth grain, according to the amount of depression. Atropine) also, is frequently a beneficial agent.

If the patient has lost a large amount of blood, and the vessel has been secured, transfusion of a normal salt solution or hypodermoclysis of the same will be of benefit. These measures, as we have already said of others, would not be beneficial during hemorrhage, as it would only increase the blood pressure and the rapidity of the escape through the vessel. The elevation of the bed in cases of hemorrhage favors the gravitation of the blood to the upper part of the body beneath the diaphragm, from which it can only be removed by irrigation, and to permit it to remain would be almost certain to induce peritonitis.

A patient usually complains of intense thirst. This may be prevented if the patient has had frequent draughts of hot water, one-half pint to a pint at a time the day prior to the operation. Subsequently it may be relieved by permitting the patient to have an ounce or two of hot water at a time every one or two hours, giving also injections of weak salt solution with *nux vomica* by the bowel. As soon as the stomach becomes quieted, either hot or cold drinks may be given. It is unwise to give ice for the reason that it affects the nerves of the duct to such a degree as to render the patient more thirsty, and she will only be satisfied if she has ice continually in her mouth. This engenders irritation of the throat and tongue, and will cause the patient much distress subsequently. Not unfrequently, as a result of the influence of the anaesthetic, the patient suffers from nausea. If this is marked it is better that she should be given nothing by the mouth until the stomach becomes quiet. Where the patient is weak, or debilitated, she should be sustained by nutritive and stimulating enemata. If the vomiting continues, the patient may be given bicarbonate of soda in hot water, or the addition of a little peppermint water, or a few drops of spirits of chloroform. If she continues to retch and vomit, throwing up small quantities of dark greenish fluid, the better plan of procedure is to introduce the stomach tube and wash out the stomach;

by this means you will often escape a large accumulation of gas, and the removal of the irritating contents of the stomach subsequently favors better digestion. In some cases, it is necessary to repeat the irrigation several times.

Another symptom of annoyance is that of the accumulation of gas in the intestines, tympanites. This may be due simply to the irritation or to the presence of a beginning serious condition, beginning peritonitis.

Where the distension is slight, the patient may be given some hot water and bicarbonate of soda to which fifteen or twenty drops of peppermint have been added. This may be repeated if the patient continues to suffer distress. Enemata of an ounce each of magnesia, glycerine and water may be given. The introduction of the nozzle or a rectal bougie will often enable the gas to escape and thus save the patient distress. Where these simple means fail, a large enema should be given, which contains turpentine, half an ounce to an ounce beaten up with one or two eggs, mixed with soap suds; or the tincture of assafœtida may be substituted, or what in many cases is exceedingly efficient, is the use of inspissated ox gall. Not unfrequently a change of position, turning the patient on the side, particularly the right side, and giving an enema will facilitate the escape of gas.

Where the measures we have given are inefficient, the failure to evacuate the gas may be occasioned by an obstruction, and it is important that the wound should be re-opened, whenever it is evident that obstruction cannot be overcome. In some cases the condition is due to a want of stimulation of the nerve centers. This can be accomplished by the use of injections containing five or six grains of quinine with half an ounce of whiskey and some water, using this in the rectum and repeating it in an hour or two if the symptoms indicate it.

Another symptom is that of peritonitis or sepsis. Peritonitis, following operations, is so generally the result of sepsis that we may practically consider the subject under the latter title. This is indicated by elevation of temperature, more or less rapid pulse, by tympanites, tenderness over the abdomen, sometimes so marked that the patient cannot bear any pressure upon it, and lies with the limbs flexed. The occurrence of sepsis demands prompt treatment. Of course the principal consideration is that of avoiding its cause. But despite all our precautions we cannot always guard against pathogenic germs, and the symptoms resulting therefrom will depend, in a great degree, upon the previous vitality and condition of the patient.

In some cases in which the patient has been very sick, the pelvis has been subject to rough manipulation in the separation of adhesions, it is unable to drain completely its contents, and fluid accumulating in the abdomen favors, from its close proximity to the intestines, transudation of germs and infection of the peritoneal cavity. Ordinarily the advent of

suspicious symptoms should lead us to the administration of salines, with a view of making the intestines drain the peritoneal cavity. One of the most effective means of combating the condition is by the administration of salines, in other words, making the intestines drain the peritoneal cavity. The saline should be given in the form of Rochelle salts, or sulphate of magnesia, drachm doses every hour or two until evacuation has been induced. Quinine and strychnine may be given in good doses, the temperature lowered by the use of cold sponging and the nutrition of the patient kept up as well as conditions will permit. If the patient passes the fourth or fifth day without unpleasant symptoms or elevation of temperature, the subsequent outlook is promising.

In removing the sutures we are as careful in regard to cleanliness of person, instruments and assistants, as in the primary operation, for the reason that infection can be carried into the suture tracks, resulting in the formation of abscesses which may be some length of time in healing, and which, with the presence of accumulation in the pelvis, favor the weakening of the ventrum and the subsequent development of ventral hernia. Before removing the sutures we are careful to wash the surface well, removing all the powder and blood, dry the surface and remove the sutures by lifting each one up, and cutting one side in such a way that no part of the external portion of the suture is drawn back into the wound. The sutures are cut as lifted up and are not withdrawn until the last suture is cut. The wound is again carefully washed after the removal of the sutures, dried, dusted with acetanilid, covered with several layers of sterilized gauze, and finally closed by an abdominal supporter. The convalescence of this patient, as we have said, has been extremely satisfactory, and she looks much better than she did prior to the performance of the operation.

VULVO-VAGINAL CYST.—The next patient is twenty-three years of age, colored, whose family history is fair, father and mother living in good health; she has one brother suffering from phthisis. She had the ordinary diseases of childhood, puberty occurred at fourteen, periods lasting four days, were profuse and painful. Her menstruation now occasionally occurs after an interval of five or six weeks. She was married at nineteen, had a miscarriage a year later, probably due to heavy lifting, followed by free hemorrhage for three days, but she was up on the seventh day. Two months subsequently she menstruated. Eight months later she had another miscarriage, at seven weeks, and a third took place a year ago. She entered the hospital suffering from a mass situated in the right labium. This is apparently cystic in character, as it fluctuates under the finger, and is readily distinguished as you see as soon as the vulva is separated. The labium is more marked on the right side, showing the outline of the cyst.

Such conditions are not unfrequent. They may be due to a variety of causes, generally to the existence of gonorrhœa, which has set up an

inflammation in the duct of the gland of Bartholin, obstructing it and resulting in the subsequent formation or accumulation of fluid within the sac. In studying this subject, it is well to keep in mind the possibility of other conditions in this region which should not be mistaken for a cyst, or a cyst be mistaken for them. Thus, we may have a hernia, in the anterior portion of the vulva, due to protrusion from a large opening along the course of the round ligament. We may also have hernia in the posterior part of the vulva, due to a pushing down alongside the vagina of a knuckle of intestine. This form of hernia is fortunately exceedingly rare. Another tumor of the labium is that which is known as hydrocele, an accumulation of fluid in the prolongation of the peritoneum upon the round ligament. This tumor may attain to a considerable size, nuctuates, and is transparent. Percussion over it gives a dull sound, while percussion over hernia gives resonance. The labium may be the seat of inflammatory trouble, of an acute or chronic character, in which the gland of Bartholin is the seat of origin. That this is not a hernia is evident from the fact that no increase in its size occurs upon coughing, that we are enabled also to discover no signs of protrusion along the inguinal canal or into the vagina. The mass does not increase in size upon straining or change of position. It is small, not larger than a walnut, more or less elastic and affords no sign of inflammatory condition. We may also have the vulva the seat of a thrombus, arising following labor or an injury to the part, in which one labium may be greatly swollen, making it difficult, indeed, to outline its different portions. The absence of any history of injury or of recent confinement, would exclude the probability of its being a thrombus. There is no sign of inflammatory trouble, so we have, by a process of exclusion, arrived at the definite conclusion that we have here to deal with a cyst of the gland of Bartholin.

The only plan of treatment that affords the slightest chance for relief is to dissect out the cyst, and with it the gland. Any secreting structure left would result in its redevelopment. The plan of treatment we pursue here will be then to dissect out this gland, and to do this, I have the assistant draw the edge of the vulva out while I introduce my finger into the vagina above the cyst and press down upon it. With a knife I cut through the skin on the inner surface of the labium, and the parts are dissected out with an endeavor not to tear the cyst. I have accomplished about one-half the dissection here when the cyst tears, and half an ounce or more of thick, viscid, bloody fluid escapes. We now catch the cyst with forceps, and with scissors and knife complete the dissection until the last vestige is removed. As quite a cavity exists in tissues which are vascular, I propose to introduce our sutures in such a way as to completely fold in the tissues and prevent the accumulation of any blood or serum in the cavity from which the tissue was removed. These sutures will be removed in four or five days, as the tissues are very vascular the

parts will heal rapidly, permitting the patient to return home at the end of a week. The parts will be kept perfectly clean, the patient will be allowed to evacuate the urine, the nurse will exercise the precaution of irrigating the parts immediately following it.

COCYXGODYNIA.—The third patient is a woman thirty-three years of age, who has been married fifteen years; had seven children and no miscarriages. The last child was delivered with forceps. Her menses have been regular, the discharge profuse. She has a sensation of weight in the pelvis and back. Twelve years ago she fell, striking a chair, and broke the coccyx. It united and gave her subsequently but little trouble. Two years ago, however, she fell on her back from a trolley car and rebroke it, since which time the bone has been movable and causes a great deal of distress in sitting or in walking. To examine this patient, we will place her upon her side and introduce one or two fingers into the vagina, and the thumb over the coccyx. Between the fingers in this way we are able to move the coccyx about to determine its mobility, the amount of pain and sensitiveness that exists. We find the patient seems to suffer excruciating pain whenever the coccyx is moved, and when I grasp it between the thumb and finger I recognize a grating and slipping sound, showing that portions of the bone are denuded of the periosteum, and to this, undoubtedly, are due the pain and distress this patient suffers. We could also examine by introducing the finger into the rectum, but as we can accomplish this just as readily by the vagina, and it is less repugnant to the patient, it is the preferable procedure. It is important to keep in mind the fact that the patient may have a pain in the perineum and in the coccyx as a result of diseased conditions of the uterus. Thus, a patient who has a uterus situated low down, or one in which there is a long cervix, which is inflamed, will lead to severe pain in sitting and in standing. Then the situation upon the coccyx of a sympathetic nerve ganglia which supplies the uterus and other pelvic viscera, renders it very likely the seat of pain. These cases are not much relieved by the removal of the coccyx, consequently it is important to determine between traumatic and functional pain. In this case the condition is evidently one which has resulted from the injuries the patient has received, and one consequently in which operation would afford the probability of complete relief.

The method of procedure in operation I hope to have the privilege of discussing with you at a later date, when an operation will be done upon this patient for the relief of the condition.

The Dietetic Treatment of Pulmonary Tuberculosis.

By R. H. STEWART, M. D., Richmond, Ky.

Since the specific organisms of tuberculosis find their way into the tissues, mainly by overcoming weakened sentinels, leucocytes set to watch

over the body, it is not surprising that so much prominence is now being given to nutritious diet in the treatment of this disease, especially is this so since it has been demonstrated that in many cases there is a gradual arrest of the morbid process in the lungs, just in proportion as easily assimilated nutritious diet is taken.

This being the case, then, it is equally as important that the physician be as specific in his directions about the selection and preparation of diet, as he is in his directions about the selection and preparation of medicine. The general desultory directions, so often given, are usually worthless, because they are meaningless, and not considered of any importance by the patient. Fresh air and sunshine can accomplish little when the patient is daily losing strength and flesh for want of properly prepared, easily assimilated, nutritious diet.

Medicines are worthless when a weakened appetite revolts at the unwholesomely prepared daily meals.

The main object of food being to build up the tissues, strengthen the vital and physical forces, and increase the body weight, it is not only necessary that the patient should take an amount that would be necessary in health to make up the normal weight going on in the body, but an additional amount, sufficient to make up, as far as possible, for previous un-repaired waste, and still another additional amount sufficient to make up for the extra waste caused by the morbid process in the lungs. In order that such a large amount of food be properly digested, and readily assimilated, it is of the utmost importance that the digestive tract be kept in as good condition as possible, and that such easily digested articles of diet be selected as contain the greatest amount of nutrition in the smallest possible bulk, and that this be properly prepared. This means that a trained nurse and skilled cook must have specific directions from a physician who thoroughly understands the nature of the waste going on in the tissues, the importance of repairing it as early as possible, and who fully understands how to select the most suitable materials with which to supply that waste. A glass of milk or a small piece of meat, even two or three times a day, does not count for much when many times the normal waste is going on in the tissues.

Milk being the one article of food already prepared, which meets all the requirements of the system without the intervention of unskilled cooks, it naturally comes first in the list of nutritious, easily digested articles of diet. As about three hours are required for its complete digestion, milk should be taken in such small quantities, about eight ounces every three hours, as will keep active, but not over-tax, the powers of digestion during the intervals. If given regularly, as it should be, this will make sixty-four ounces, or four pints, during the twenty-four hours, and is the least amount that should be at all considered adequate. In most cases even this should be increased to three or four quarts. In taking such large

circumstances it is impossible to effect asepsis, but serious complications may be avoided.

It is also worthy of note that antiseptics should enter into the composition of poultices, when such are to be applied to open wounds. It is the writer's practice to make a two per cent. solution of creolin with which to wet the poultice. This may be made hot or cold as desired. A poultice made of ground oil cake, and two per cent. solution of creolin, was applied by the writer to a horse's foot, which had been punctured by a snag, with the result that the horse never went lame, and was put to work in two days time; there being no suppuration at any time. A poultice made in the same manner was also applied to a child's foot, which had been punctured to a depth of three fourths of an inch by a wire nail. The pain was almost immediately relieved, and suppuration entirely prevented. The wound healed rapidly, and the child experienced no difficulty in walking at any time after the one application of the poultice.

It is needless to state that under ordinary circumstances such wounds as the ones cited above would give rise to serious trouble without the free use of antiseptics.

The Limitations of Tenotomy of the Eye Muscles.

By HOWARD F. HANSELL, A. M., M. D., Philadelphia, Pa.

Orthophoria or equilibrium for far and near is a condition of adjustment or relatively equal tension or balance of nerve or muscular force, and is not in any sense a condition of repose or relaxation of the muscles as in sleep or ether narcosis.

Heterophoria and heteropia are the result of spasm or supra-normal contraction of a muscle or act of muscles, or of weakness or insufficiency of their antagonists.

ESOTROPIA OR INTERNAL STRABISMUS.—In recent cases the contraction of the internus is excessive and the abduction is of normal strength. In ancient cases the muscular structure has undergone molecular change and abduction has become weakened.

(a). CONCOMITANT OR ALTERNATING SQUINT.—The deviation is upward and inward. The obliquity of the squinting eye is convincing evidence of associated and responsive action of the external muscles, supplied by the third nerve to the stimulation of the accommodation, but it has no bearing on the result of treatment directed to the interni, since the upward deviation is transferred with the inward, when fixation is transferred, and since both eyes functionate, though not simultaneously, neither external rectus undergoes degeneration or indeed loses any of its abducting power. When the prolonged paralysis of accommodation followed by full correction of hypermetro, worn for a sufficiently long time, have proved inefficacious, tenotomy of both internal rectus, dividing the operation equally

between the two muscles, and without advancement of either externus, is the proper surgical procedure. The effect of the operation can be readily determined by the approximation of the false and true images, and when finally they have fused, the desire for binocular fixation or of fusion will maintain them single.

(b). Constant Monocular Squint, one and the same eye always used in fixation, the squinting eye amblyopic. The cornea of the amblyopic eye is turned inward and upward, owing to the combined action of the extrinsic muscles under control of the third nerve. Outward rotation is limited. Tenotomy of either eye, or both, internal muscles is unavailing, without advancement of the external of the squinting eye. In addition, section of the superior of the same eye is often necessary.

2. EXOTROPIA, OR DIVERGENT STRABISMUS.—A common cause of external squint is the loss of convergence through deficient innervation, or muscular weakness. It is seldom due to absolute supra normal strength of the externi, but innervational weakness of the interni; not a loss of muscular power of each interni, for the balls are susceptible of full rotation, but a loss of convergence, probably of central origin.

In order to effect a cure, abduction must be raised to the normal standard. The innervation may be increased, I believe by nerve-tonics, such as *nux vomica*, and the muscular contractile power by prism exercise, but these means are unavailing and a waste of time, unless binocular vision is present, at least in part. Surgical interference is necessary, and we have an apparent choice of three procedures: tenotomy, advancement, or a combination of both. Tenotomy is objectionable, since we are destroying instead of building up, weakening a normal set of muscles to a degree to correspond to an abnormal weakness of the antagonists, limiting abduction and perhaps giving crossed diplopia for near, and homonymous diplopia for far, and never restore equilibrium.

Tenotomy alone is useless. Correction of the myopia, demanding the use of the accommodation on near work, prism exercise and advancement of the interni are sometimes effective. Careful inquiry into the history of the cases of divergent squint will sometimes develop the interesting fact that the present deformity is the result of an early operation for the opposite defect. In such cases the advancement of one or both interni, without section of the externi is to be recommended.

3. HYPERTROPIA.—The causes of functional hypertropia have been but little discussed. The traditional internal squint of hypermetropia is, according to Stevens (*New York Medical Journal*, Feb. 17,) to be explained by the associated hypertropia, but he fails to name a cause for the latter. In my opinion hypermetropia is responsible for both esotropia and hypertropia, on the assumption that the strain on the accommodation induces over-action of not only the internal rectus, but of the superior and inferior recti and of the inferior oblique. The image of the squinting eye

is always on a plane lower than that of the fixing eye. In concomitant squint, hypertropia needs no treatment; in constant squint, tenotomy of the superior rectus is often necessary.

4. **HESEROPHORIA.**—A very large proportion of the cases are esophyperphoria depending upon hypermetropia and astigmatism and require no surgical interference.

5. **ESOPHORIA.**—A course of atropia or other mydriatic paralyzing the accommodation for some days, followed by the wearing of, as near as possible, full correction, will often remove the symptoms for which tenotomy seemed to be indicated. Indeed, the presence of esophoria will often indicate latent hypermetropia: Guarded tenotomy of both interni will sometimes cure. It may be often repeated. Advancement is indicated when abduction is weak.

6. Esophoria, as exotropia, is a passive condition and can be directly ascribed to an error of refraction as a constant cause, and is due also to an innervational weakness of convergence. Tenotomy is powerless to effect more than a temporary cure. Advancement of the interni will often permanently cure.

7. Hyperphoria is to be treated by a correction of the error of refraction, which in most cases is its cure. Partial or complete tenotomy is to be performed only when full correction fails.

Peritonitis and Post-Operative Sepsis.

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The peritoneum is a "sacred sac," and he who permits the surgeon to enter therein with unclean hands and dirty instruments will suffer (not from his own iniquities), but from the septic agents introduced into his or her peritoneal cavity. Cleanliness, in intra-peritoneal surgery, is next to godliness.

Peritonitis is a disease of the gravest character, presenting many varied types and symptoms. One case dying with a diffused septic peritonitis with sub-normal temperature, and a pulse of 55; another seemingly with the same local pathological process present, will have a temperature reaching a dangerous hyperpyrexia, with a pulse of 180. In one case you will find a distended abdomen, filled with parietic bowel and rigid abdominal muscles, and writhing from the pain. Again you will find a case with a like origin, with a flattened abdomen, free from pain and tenderness, and at the post-mortem find very little evidence of so grave and rapidly fatal a malady. It is from this obscurity or irregular turn of the

disease (peritonitis) that I have added to this discussion post-operative sepsis—a condition often mistaken for and treated as peritonitis.

It is generally admitted that with the exception of the tubercular peritonitis, this disease is always of a traumatic origin. That there exists an immunity more or less, to septic invasion in the peritoneum, no one will doubt.

This serous membrane, with its endothelial covering, has the power of digesting large blood clots or gelatinous babies, if these foreign bodies are of an aseptic character. I have seen the victim of a ruptured tubal pregnancy of the tenth week recover without any operative procedure, the extravasated or free blood in the peritoneum being absorbed within a few weeks. Unfortunately this is not the usual history of these cases when not relieved by a surgical procedure.

A form of peritonitis often met with by the abdominal surgeon is one due to a ruptured ovarian blood cyst, abscess or pyosalpinx. A case known to have a collection of pus in the pelvis, should, with no exceptions, be operated upon at once. It is true in many cases a little leakage may take place from a Fallopian tube filled with pus, and the woman escape with only a slight localized pelvic peritonitis, followed by the invariable intestinal and omental adhesions endangering her life from a strictured gut, dilated ureter and surgical kidneys, ruptured gut or bladder. The next attack may prove fatal by the local process becoming a diffused one.

There seems to be a peculiar immunity established by a slow vaccination or inoculation process, in many of these old pus cases.

I have, repeatedly, in "hulling out" old ovarian abscesses, had a pint or more of pus escape into the pelvic cavity, and with irrigation and a drainage tube these cases do well. If in this same case you place your patient in Trendelenburg's position and the pus is permitted to flow toward the diaphragm or in that portion of the cavity not protected by the local inoculation as in the pelvic peritoneum, the patient will surely have greater dangers to encounter, and many will die from a peritonitis, regardless of the prophylactic irrigation and drainage.

The abdominal peritoneum is much more susceptible to septic invasion than the pelvic under all circumstances. You see this in comparing the recoveries in two cases where the uterus has been removed, one by vaginal, the other through an abdominal incision. In one case the operation is performed through a septic cavity, and yet the cases have a convalescence compared by one author to an "ideal puerperal getting up." It matters not how much irrigating fluid is used, where an abscess has ruptured into the peritoneum, all the septic matter cannot be removed; even though a microscope be brought to the surgeon's assistance, he could not remove it all. A few drops, only, of the last irrigating fluid from the

drainage tube, introduced into a clean, healthy peritoneum, may induce a rapidly fatal septic peritonitis.

In appendicitis you have an acute process in the "upper peritoneum," the pus being of a most virulent character, a small quantity of which is sufficient, if turned loose into the general cavity, to produce a rapid and fatal peritonitis. Hence the practice, in operating for a "walled off" appendicitis, of never attempting to break up the adhesions, for fear of entering the general cavity, an accident or procedure sure to lead to the development of a dangerous or fatal peritonitis. In ovarian abscesses or intra-pelvic inflammatory processes, the wise procedure is to break up all adhesions, remove all diseased structures, and liberate healthy organs.

In gunshot, stabbed, and other wounds involving the hollow viscera of the abdomen, a fatal termination is always expected (rare exceptions) from a peritonitis induced either by the weapon or missile, or the escape of visceral contents teeming with pathogenic bacteria. In such injuries the surgery must be early and thorough.

A large abdominal incision increases the dangers from septic invasion, and at the same time exposes the intestines to more handling and consequent injury. A bowel that has been exposed for a time of long duration, to the atmosphere, and has been permitted to become dry and blanched, has sustained sufficient injury to materially injure its functionary powers, and any agent, be what it may, in abdominal operations that interfere with the function of this canal endangers the life and safety of the patient, from the dangers attending a peritonitis.

The intestines are one of nature's sewers (drainage tubes), the function of which is to absorb through the peritoneum, fluids in the abdomen, and to eliminate the same. In a paretic bowel, this function is reversed. The peristaltic action is retarded or lost, the absorptive and digestive functions suspended, and the eliminative action absent, the contents of the paralyzed gut, already teeming with pathogenic bacteria, act as an inoculated culture tube with its two ends sealed. Gases soon form in large quantities, the muscular and serous coats are dilated and thinned until the micro-organisms find easy avenues of escape from the intestines into the peritoneal cavity, the function of which, as a protecting agent, is soon lost, and its great cavity converted into a vast bacterial hot-bed, and the patient's whole economy saturated (from this source) with these poisonous germs and their ptomaines. Such is the progress of invasion where there have been no germs introduced into the peritoneum from without, but where the operation has been a prolonged one with the consequent handling of the intestines and resulting injury to the great sympathetic system as a result of the prolonged exposure and traumatism.

I have seen a case go on the table with an intestinal canal empty and as flat as a tape line, and with'in two hours after operation find them enor-

mously distended, as a sequela of prolonged and unavoidable handling. All operations within the abdomen should be quickly performed by skilled and clean hands.

It has occurred to me, as a good and safe procedure, where the bowel is so enormously distended and refusing to expel its contents of liquid and gases to perform, under cocaine anæsthesia, a right inguinal enterostomy, wash out the intestines with an antiseptic solution, as boroglyceride, salicylic acid, or boracic acid, this to be repeated as often as necessary; of course other drainage should be carried out. This opening in the bowel would permit the gas to escape unobstructed, by a sphincter, and would give an outward drainage; it would reverse the poisonous edosmosis, and it would give the paretic gut the best chances to regain peristaltic function and tonicity. This procedure would relieve the vomiting, which is one of nature's efforts to rid the canal of its offending contents. The stomach is the last of the alimentary organs to lose its contractile powers.

A paralyzed peritonitic bowel will not empty itself through a hypodermic needle, but an opening such as I have advocated, the gut will collapse, and the patient will quickly feel greatly relieved from the oppressed breathing, irregular heart action, and the pain from the distention.

If the patient recovers, the opening can be safely closed at any time. This procedure, I think, should be resorted to early in the most desperate cases where experience has taught that all similar cases have died without it. This procedure, when salines fail, offers the best chances for the relief of the "trinity, peritonitis, tympanitis and vomiting, the furies of abdominal surgery." (Greig Smith.)

Before resorting to this procedure, salines and injections should be given a fair trial.

The usual operation for peritonitis is the procedure for the removal of the exciting cause, as appendicitis, suppurating dermoids, post-partum poisoning, etc., etc.

The consideration of the fever following labor is one, at this time, receiving much attention, and is now, as it was by Dr. Holmes fifty years ago, recognized as being of septic origin, the poison often being carried or introduced into the genital canal by the physician. An exception to this being the autogenetic type, where the woman at the time of delivery has a pathological process, which sustains an injury during parturition, and leads to the development of a peritonitis—as an abscess in an ovary or a pyosalpinx.

The treatment here is the same as for other forms of peritonitis. Remove the source of the infection. Unfortunately, all treatment of diffused septic peritonitis has proved futile. Only early or abortive surgery will check the rapid and dangerous invasion of this disease.

All abdominal operations should be performed under absolute aseptic precautions. The smallest incision compatible with the work to be done.

The shortest period of anæsthesia, and the most rapid operative work, leaves the patient in a condition the better able to withstand or combat any tendency to destructive invasions. Irrigation with hot sterilized water, followed by the intelligent use of the drainage tube should be practiced in all cases where there exists a suspicion that the case is a septic one. These agents are used here as prophylactics. The intestinal canal may be "toned up" by giving twenty drop doses of tincture of nux vomica three times a day for a few days before the time set for the operation, and continued in the form of strychnia hypodermically for days afterwards.

An empty stomach and intestinal canal will cause these organs to be handled and exposed less during the operation, and will conduce to the safety and comfort of the patient from vomiting and gaseous distention. If the intestines are empty the peritoneum will absorb and digest much better the fluids in its cavity.

Withhold fluids from the patient for several hours after the operation. If excessive thirst exist, give an enema of six ounces of peptonized milk. Avoid sweet milk and eggs by the stomach, as these articles of diet are gas-forming agents. Avoid all preparations of opium. If it becomes necessary to give any form of this drug, give codeia.

If drainage is being used, see that the tube is kept dry by frequent aspirations. If any symptoms arise pointing to the development of a peritonitis, such as persistent vomiting, inactivity of the bowels, distended abdomen, elevation of temperature, and quickened heart-beats, give the salines (sulph. magnesia is the best) in good size doses (one to two ounces) each two or four hours until bowels act, or gas passes in abundance.

To this course may be added turpentine enema (2 drachms to pint of water) to which two ounces of salt are added. If this course succeeds, in many of the cases, improvement will be noticed at once. The bowels must be kept acting each day. If the patient cannot retain the salts, give one-tenth grain of calomel each hour until bowels move or vomiting ceases. Many cases will be relieved of the vomiting where no peritonitis exists, by giving nutrient enemata each three or four hours.

Many post-operative cases die from systemic infection before the disease has had time to become general. In these cases the development may be initiated immediately after the operation, and with symptoms resembling those of shock, the patient dying within twenty-four hours or forty-eight hours. Here large quantities of strychnia, digitaline and whiskey must be given.

The subject of peritonitis cannot be discussed without considering the trio: 1st, fermentation fever (Bergman); 2d, septic intoxication (sapremia); 3d, septic infection, or true septicemia. I know of no better way to make these classifications understood than by reporting illustrative cases occurring in my practice.

CASE I. Fermentation fever following a salpingo-oophorectomy. Six hours after the removal of sound uterine appendages for the relief of the symptoms due to the presence of a uterine fibroid, my patient's temperature began to go up, reaching 104° F. within twenty-four hours; was not preceded by a chill; pulse increased correspondingly. The case presented no other alarming general symptoms, said she felt very well. Fearing I had the beginning of a dangerous sequela to combat, I removed my dressings and found a large indurated (?) spot to one side of my incision, in the abdominal parietes. I cut a couple of stitches and thus liberated a large collection of imprisoned blood, that was forcing the fibrin ferment into the blood. My patient's temperature and pulse, within a few hours, returned to normal. Some authorities doubt the existence of an aseptic fever. If there is such a condition as fermentation fever, this case belongs to that classification.

CASE II. Sapremia (absorption of product of putrefaction) following a criminal abortion, retained placenta. After repeated endeavors with some blunt instrument, this young lady succeeded in producing an abortion. The fetus and part of the membranes and placenta were expelled; she was four months pregnant. Three days later a physician was called and found her with a temperature of 103° F., having had a chill a few hours before. Pulse of the character described, as indicating the absorption of the pre-formed ptomaines of putrefactive bacteria; a soft, compressible, quick pulse, indicating enfeebled heart force, vomiting, anorexia, tongue furred and dry, clammy perspiration, fetid discharge from vagina, tympanitic abdomen. I saw the case a few hours before death, at which time her temperature was 105° F., pulse imperceptible, delirious, restless, clammy perspiration, dilated pupils, cyanotic, all pointing to an early dissolution. At the post-mortem I found a large, soft uterus, with half of a rotten, stinking afterbirth in its cavity. This case could have been saved by a timely surgical procedure, curetting, irrigation, iodoform gauze, and drainage. In this case there was some tenderness over the abdomen. The early removal of the cause will cure the majority of these cases, unless a mixed infection exists at the time, far advanced.

SEPTICEMIA—SEPTIC ABSORPTION—PROGRESSIVE SEPSIS.

Case III presented the initial history of Case II, and started as a true sapremia (absorption of the products of putrefaction), but on the third day, a dirty or unsurgical curetting was done, which added a secondary (pyogenic) infection; the absorption of the products and the rapid increase of the same in the blood made the case a desperate one from this time.

At the post-mortem the peritoneum was found to contain much muddy fluid, with evidences of a general peritonitis; the local process had not progressed to that extent to account for the death, hence the certificate was signed septicemia. An early hysterectomy, with the removal of the

appendages which were diseased, may have saved this patient by cutting off the supply of septic material entering the blood. The accompanying peritonitis was induced by an invasion of the germs through the Fallopian tubes. I have reported these cases to illustrate what an easy matter it would have been to have diagnosed them as peritonitis, had they all been post-operative laparotomy cases.

In a peritonitis, with well marked constitutional septic manifestations, the resort to prophylactic or abortive measures should be early and thorough. After a laparotomy, if this condition is developing, the stitches at the lower angle of the incision should be cut, and the pelvic and lower abdominal cavity irrigated with gallons of hot salicylate or borated (boric acid) solution, and a drainage tube introduced. This washing of the peritoneum should be repeated two or three times during the twenty-four hours. It can be done without an anæsthetic in the majority of cases.

Malaria.

By J. A. REAGAN, A. M., M. D., Weaverville, N. C.

Malaria, like milk-sick, has been and is a problem hard to solve by the medical profession. A number of physicians of Nashville, Tennessee, before the late war, concluded that they would find out what milk sick was, so they located the piece of ground where stock got it, fenced it in, and took every vegetable that grew on the fenced inland, with which they were not acquainted, had them analyzed, and did not find it. So, after spending much time and money, they were left, in knowledge, where they began. So of malaria, physicians in all parts have spent time and money trying to find out what the germ called malaria is, but as yet it is in the mist—undiscovered.

Dr. Lewis, our well informed Secretary of the Board of Health of our State, seems to think that it is communicated to the human system alone through the medium of drinking water. Now, that it may be introduced into the human system through drinking water I fully believe, but I do not believe that drinking water is the only medium of its introduction into the system. If drinking water alone causes malaria to enter the system we should call it *mal-aqua*, and not *mal-aria*. I fully believe the germ called malaria is of soil origin—is strictly a protozoa and reaches its highest development in low moist ground, where the sun's heat is sufficient to produce the necessary effect for its development. Hence water in these localities will necessarily become impregnated with it, the same as water in the location of iron or lime will become impregnated with them. Water from low marshy land, impregnated with this germ, when drank carries the germ into the system, and produces the malarial chills or fever; or both. I further believe that this protozoa is in some cases light

enough to mix with the air, and in this way enters the system, and produces the same effect as taken in by the water.

There is evidently a similarity in the production of malaria and milk-sick, although the effects are quite different. In the investigation of milk-sick by the Nashville physicians, it was found that if hey was taken from non-affected sections, and placed in the affected enclosure, and fed to the cow while damp with the dew, that it would kill the cow, but if it was kept until the sun dried it thoroughly it lost all its poisonous effects; that cattle could be pastured in the enclosure, if put in after the sun had dried the plants, and taken out before sundown, but if put in the enclosure early in the morning, or let remain late in the evening, they were affected. So of malaria, if a person does not go out late or early, or drink water from wells or springs in malarial sections they will be free from the malarial germ. It is in my opinion evidently of a low, damp Southern soil origin, but may, under favorable circumstances, be produced in Northern localities, where it will be found in both air and water. This is simply my opinion after reading all I have found written on the subject, and at one time, having endured its full effects for three months while in north-western Georgia. I am fully satisfied with its effects even if I never find out what it is.

When we undertake to analyze malaria or milk-sick it is like the Irishman's flea—it is not there. We can not analyze it, because we can not collect it, when we make the effort it is gone. Heat destroys the germ; hence boiling water, before drinking it, frees it from all danger. So of water from an artesian well—this water comes from below a surface where the germ can live.

As to the name, I can not see that it is necessary to change it, or add to it a suffix, as the great object of language is to be understood, and this name is known, not only by all physicians, but by all intelligent people everywhere. If we were to call it *mal-aqua*, or *mal-ariact-aqua*, it might not be right, and then it would not be understood any better than we understand what malaria is. We know its effects, but do not know what it is.

Abdominal Operation on the Pregnant Woman, with Report of Case.

By EVERETT D. PEEK, M. D., Booneville, N. C.

So far as my information goes pregnant women are seldom made the subject of an operation for any trouble found in the abdominal cavity and justly so in a large number of cases, for how often do we see grave trouble arise from the most trivial operation as miscarriage, septic poisoning and death from the mere extracting of a tooth. So we see there is the greatest need of caution in dealing with pregnant women. Yet I believe there are many cases where it is as much one's duty to do an operation on a preg-

nant woman as on any other patient, because, with the proper care, there is no more danger to the life of the woman than to let her alone, and then all the good of the operation is in her favor.

I want to cite a case. In July, 1895, I was called to see Mrs. W., aged 30, mother of seven children, youngest about fourteen months. Had always been in reasonably good health until about twelve weeks previous to my visit, when she began to have chills, followed by some fever, which condition continued for some four weeks, when her physician noticed there was a very tender point about the middle third of the left thigh. An abscess developed. The pus was evacuated, and it healed. He then noticed that there was a swelling of considerable size in the left ovarian region, which gradually increased until, when I first saw her, it seemed to be about the size of a cocoanut, and very tender to the touch, dull on percussion and movable to some extent. The woman was emaciated to almost a complete skeleton, and gradually grew weaker each day. We decided to do an exploratory operation, for we were not satisfied as to what the real nature of the case was. We put the patient on the most nutritious diet we could think of, with tonics, &c., to get her in a better condition to operate; but in spite of all our efforts she still wasted and weakened. We now determined to open the abdomen and find what the trouble was and relieve it if possible, as it was evident that the woman would soon die if left alone. Accordingly, on July 17th, I opened the abdominal cavity by a median incision, when, with the very greatest difficulty, I could feel a boggy mass slightly behind the uterus. In trying to get at the mass by pushing the child to the right it seemed as though I had suddenly ruptured a sack containing the most offensive gas I have ever smelled, and the mass then seemed to have gone away to a considerable extent. The woman now seemed to stand the chloroform very badly, and we decided to close the wound.

I was flushing out the cavity with salt solution, when my attention was drawn by the doctor, who said she had quit breathing. Then for nearly forty minutes we used all the efforts that lay in our power to save our patient—strychnine and ammonia, with brandy and artificial respiratives. After they all had failed, and we had almost given up hope, I introduced both of my thumbs into the rectum and began forcible dilatation, and the woman almost immediately responded and was soon breathing fairly well. We then cleaned out the cavity as well as possible and closed the wound. As soon as she was put to bed she began to vomit, and in spite of every effort almost all of the stitches gave way and had to be replaced; so practically the wound healed by a slow process of granulation and was not completely closed at the birth of the child two months after the operation (she being nearly seven months pregnant).

When I consider the fact that this woman, emaciated almost to a skeleton, having been confined to bed for eleven weeks, nearly seven

months advanced in pregnancy, and nearly dead from the use of chloroform, with a large granulating wound in the abdomen, could stand the shock of the operation, and go on to time and deliver herself of a child weighing six pounds, (the doctor not seeing her until the child had been born some two hours,) there is room for the belief that many necessary operations may be done on the pregnant woman with as much safety to her as any other. In this special case I will not say what good the operation may have done, but the woman gradually got better, and at this time is in reasonably good health.

The Patient ; The General Practitioner, and The Specialist.

Read Before the Cleveland Medical Society, November 8th, 1895.

By HOWARD S. STRAIGHT, A. M., M. D., The Hickox, 185 Euclid Ave, Cleveland, O.

There are three propositions which we can discuss in reference to the title of this paper—one for each head.

1st. What is the best thing for the patient ?

2d. What are the reasonable rights of the general practitioner ?

3d. What are the reasonable rights of the specialist ?

If we can arrive at a conclusion as to these propositions, the relation of the specialist to the general practitioner will care for itself. The right of the patient to the best possible skill ought always to occupy the foremost position. Every practitioner ought always to decide every question as to operation or treatment from the standpoint of the patient's interest. The decision ought not to be made altogether "as to books or science," but the question as to what would be advised if the patient were a wife, daughter, son, or the physician himself, should be carefully considered. In deciding such questions the practitioner ought to put himself, as far as possible, in the patient's place. In the carrying out of various plans of treatment, the patient's ignorance, prejudices, and misconceptions, may, for a time, demand modifications in the "*ideal*," and yet in time patients can be educated to a remarkable degree. The Golden Rule is as golden in medicine as in any other walk in life.

As a rule I believe it is a mistake for patients to consult specialists for the first time upon their own responsibility. Whether it is best for the patient to run to the specialist whenever he imagines he needs his services, is a question. Patients are bound to do so to a greater or less degree. Upon such occasions the larger fee of the specialist tends to send the patient back to his family doctor, or debar him from consulting the specialist. A much wiser plan for the patient would be, it seems to me, to consult the family physician as to the proper specialist.

The family physician is in a position to know whom the patient can consult with the greatest confidence.

Moreover the patient always over-estimates local conditions—a fault not unfrequently laid at the door of the specialist by the general practitioner. On the other hand specialists have been known to assume that in certain cases the general practitioner underestimated the importance of the local lesion. If the condition complained of is one that can be managed as wisely by the family doctor as by the specialist, the patient belongs to him certainly.

Who has a claim superior to the family physician? Who for small remuneration spends so much time, and who makes such sacrifices for the family as the family doctor? Families certainly are too little inclined to consult the family physician as to the medical affairs of the family that they consider outside the ordinary routine of his work.

If the exaltation of the general practitioner, and a proper appreciation of his skill and learning, by the public should in any sense conflict with the selfish interest of the specialist, my suggestion to such specialist would be to go into general practice. The family physician is as much a specialist as the man who confines his work to a given set of organs of the body.

His work is that which no one else cares to do. On the other hand, the specialist only cares to do work which is practically outside of the work of the general practitioner. There ought to be no special conflict of interest. The work of each man necessarily overlaps the other in certain cases in spite of the desire of each to do the square thing by the patient and the "other fellow." The world surely needs the family doctor. As surely there is a demand for specialists. If the specialist attain the knowledge and skill expected of him by the general profession, he can only do so at the present time by confining his work.

There is good reason for saying that no man ought to quit the ranks of general medicine during his life time of practice; that although he may develop a wide knowledge of surgery, gynecology, or any one of the various special lines of work, he ought to remain always in general practice. The great demands upon the time of a man in any one of the special lines at the present day practically compel a limitation of work. Besides the specialist can not, in reason expect any support from the general practitioner until he does so limit his work.

If special fields of work in medicine could be set apart as is possible in mechanics, every one would be only too glad "*to here to the line.*" This is absolutely impossible. The practice of medicine, no matter how designated, is simply general medicine or general surgery.

The practice of any specialty, is simply general medicine or general surgery under the special mask. When specialism develops into any thing else, may Providence provide for the patient. A specialist ought to be a doctor first and a specialist afterward. Whenever the family physician, who may be a better surgeon than the ordinary, refers a severe

surgical case to a surgeon—surgeon specialist shall I say?—he incurs this risk, that the patient and his friends may, in the future, consult the surgeon as to many a simple surgical case that the family doctor could manage as well as any one. If such a result should occur the patient or surgeon could not justly be censured. The family physician, however, has suffered for his having acknowledged a superior surgical skill. The same argument applies to a recognition of the other specialties. If a practitioner devotes his time to a certain special line of work, he certainly is justified in accepting all patients that present themselves, although he may be well aware that the family physician could treat the case as well as any one else.

A question for fine discrimination occurs to any specialist when his friend—the general practitioner—refers a case to him.

The case is too often referred in such a way that the specialist is in doubt as to the wish of the general practitioner. Whether an opinion and a plan of treatment only is desired, or whether the specialist shall assume entire charge of the case, is the question. The general practitioner has a perfect right to keep the case if he, after obtaining the opinion of an expert, can care for the patient as well as any one else. The general practitioner surely has the first claim upon the case. It may not be what the specialist desires, to act as consultant only, and yet the specialist has been very greatly honored already in his opinion having been sought.

Too often no clue can be obtained from the patient, or the card or note sometimes given, as to the wish of the practitioner referring the patient. In such a case the decision must be made by deciding who can do the best for the patient. What the patient expects, or wishes, or will accept, is also to be taken into consideration. It is very natural for the specialist to decide that hereafter he can best care for the case, and to proceed so to do. However, it is a question as to whether the specialist can best care for the case, and a careful study of the rights of one's friends will well repay any man, for "with what measure ye mete, it shall be measured to you again." If the practitioner referring the case tells you his wish, to comply is easy.

Who should care for the constitutional treatment of the patient during a course of local treatment by the specialist?

If the case is referred to the specialist, and his family physician wishes to take general charge, the specialist can certainly offer no reasonable objection. This plan, however, hampers the specialist in many instances. The "too many cooks spoil the broth." The patient is not sufficiently impressed with the importance of what seems all important to the specialist. The patient draws his own conclusions, and as a rule places undue faith in the local treatment. When, however, the specialist assumes that he can care for the constitutional condition of the patient better than the family doctor, he assumes a dangerous position. If there is anything in special-

ism—and what specialist would rest quietly under the statement that there is not—the general practitioner—the specialist in general conditions—is best qualified to care for the general condition of the patient.

The general practitioner accords to the specialist a larger knowledge than ordinary as to the local condition, and without thinking the specialist assumes also a larger knowledge of the general condition.

I very greatly fear that there are good and sufficient reasons for the opinion of the general profession as to specialists, and their knowledge. However, not to abandon this point without a "last word" it is a question as to whether the specialist is not well qualified to decide as to the use of remedies in general conditions from his long study of the relation between similar local and similar general conditions. I know a number of specialists who feel abundantly qualified to assume such responsibility.

What is for the best good of the patient?

If you or I had a specific Iritis it would not take long to decide to whom we would want to control the constitutional treatment. The oculist of course—the man who can best judge as to the possible progress of the local lesion. The same answer might be given in specific laryngitis, and many other conditions. If any thing occurs during the course of a special treatment that confines the patient to the house, it is natural for the patient to call in the family doctor as usual. If the constitutional treatment has been left to the family doctor he can now act intelligently. If, however, the general treatment, as well as the local, has been cared for by the specialist, the family doctor is at a loss how to act. If, on the other hand, a patient does a thing just as natural as calling in the usual medical attendant, he calls in the specialist who he reasons is taking care of him at the present time, ought the specialist to respond to the call or refer the case to the family physician? My answer would be, refer the case to the family physician. If there is any real need of the specialist seeing the case the general practitioner can easily determine that fact. A specialist can, it may be easily enlarge the borders of his practice by responding upon such occasions, but it seems to me he will do so by diminishing the borders of his professional support.

I see no good reason why a throat specialist should consent to care for acute throat disease at the bedside. When he deliberately competes with the family doctor he thereby renounces all claim to his support. Many patients consult the specialist who have no family physician. No one would deny to the specialist the right to prescribe for the constitutional condition of such a patient. Often a patient consults the specialist as to a condition that falls strictly within the confines of his special field. Within a week the patient may need treatment for his liver, subacute rheumatism or a condition the farthest outside the limits of the special work. What is to be done? If the relief sought in the beginning has been attained; if the specialist is through with the case, as a specialist, refer the case, of

course, to a general practitioner. If the special treatment is unfinished at such time the specialist must care for all the ills of the patient. The specialist all work on this plan, have a right to do so, and can not do otherwise. Such a plan often finds the conscientious specialist, however, far from the original starting point, and yet how to do better is for the one to decide who would call such a plan of operation in question. When the general practitioner refers a case to a specialist, it is only a common courtesy to acknowledge the favor and to give an opinion as to the case. To accept the case and not acknowledge the favor in any way leaves the practitioner in doubt as to what has become of the case, and also deprives him of the benefit of the opinion sought.

To decide who shall care for the after-treatment in operative cases is not always easy. In a certain proportion of cases it is only just to the operator that he or his assistant should assume the responsibility. In a large proportion of cases, however, the after-treatment can be safely left to the family physician, and it ought always to be a pleasure for the operator to do every thing possible to leave the case exactly where he found it, i. e., in the hands of the family physician.

I do not believe that it is possible to formulate any rule, or rules, by which the relation of the specialist to the general practitioner can be adjusted. The one rule covering the ground most fully is the one we all learned in childhood: "As ye would that men should do to you, do ye even so to them."

If all men had had similar experiences in life; if the specialist had been a general practitioner, and knew how he feels, or if the general practitioner had been a specialist, and had come into real contact with the many difficult problems that beset every conscientious and unselfish specialist, the difficulty in deciding where the line should be drawn would be comparatively easy. Experiences in life are, however, dissimilar and men arrive at very honest conclusions, although in many cases conclusions that would not accord with the conclusions of one who had reached "*Rome*" some other way. The rule that would apply to a given case, and a given specislist, might not apply at all under different conditions.

My only conclusion is that it depends altogether upon the circumstances. In deciding we ought to approach the subject, in so far as is possible, unselfishly and with the greatest possible liberality.

Gonorrhœa in Women,

In gonorrhœa urethral and vesical irrigation should be made with a solution of potassium permanganate, 1 per 1,000 to 1 per 2,000, according to the case. The quantity at each irrigation should be at least one litre! The irrigation should be practised every day, the usual duration of treatment being from ten days to two weeks or thereabout.—*Cumston in Medical Record.*

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "**Syr. Hypophos. Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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The Charlotte Medical Journal.

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THE TREATMENT OF PNEUMONIA.

The history of medicine teaches us that there is probably no disease which has been claimed to be cured by so many divers forms of treatment as pneumonia. Cullen, Gregory and their followers thought that they could cure this disease with large bloodlettings, and that this was the only rational treatment; Rasori and Lannee supposed they had been equally successful with contra-stimulant doses of tartar emetic; while Hahnemann and Fleischmann with infinitesimal doses of phosphorus, and Bennett with his restorative system, claimed to have almost annihilated the mortality of pneumonia. And if Skoda with his *extractum graminis*, and Dietl with his *aqua colorata* were not so presuming, they at least plumed themselves on being quite as successful as their compeers. Even in our more modern days the case is not different, for we can scarcely take up a periodical in which some one does not proclaim the discovery of some new specific for the treatment of pneumonia. The success claimed to be attained by treatment so various, and so antagonistic in their mode of action, seems to indicate that in pneumonia treatment has but little influence in promoting recovery. The writer has no intention of expressing any new or startling discovery in the treatment of this alarming and often rapidly fatal disease, neither has he discovered any pneumonia anti-toxine, but after treating many cases this season I have come to the conclusion that in the majority of uncomplicated cases of pneumonia the best treatment is to let your patient alone. The meaning I wish to convey here is not to crowd your patient with drugs. My plan of treatment is very simple and conveyed in few words. A part from the fact that the patient should be placed in a large cheerful and well ventilated room, with temperature ranging from 65° to 70° Fahr. and a carefully regulated diet, with absolute rest, I usually give a dose of calomel, if indicated, followed the next day by a copious injection. The reason I order the injection is

because the morphine given to allay the excruciating pain in the first hours of the attack always produces obstinate constipation and an injection is the quickest and most satisfactorily method of overcoming it. After giving the calomel I then relieve the patient of the agonizing pain by hypodermic injections of morphine, given at regular intervals in sufficient doses to keep patient in comparative comfort. I usually continue the morphine injections until the infiltration is complete, usually for the first four days. By this means the pneumonia patient is placed in the very best condition, not only for sustaining the primary shock, but for resisting pneumonia. "And not only does it diminish (Loomis) the chances of the occurrence of heart failure, but the great relief and comfort which it gives to the sufferer in the first four days of his struggles are sufficient to commend its use."

After this has been done I place as much confidence in lemonade and ice water as in any thing else. Why should anything else be given in uncomplicated cases? The two principle sources from which danger may arise are high temperature, and a high temperature undoubtedly exhausts nervous energy and enfeebles muscular power, and must therefore impair cardiac vigor; but the pyrexia in pneumonia is usually moderate, and an exceptional or dangerously high temperature may be accepted as an indication of some serious and probably fatal complication. Antipyretic treatment is, therefore, much less applicable to the treatment of pneumonia than is that of other diseases, where the local lesion is of less ominous import. Moreover, powerful antipyretics possess a distinct danger of their own, which is probably not less than that they are employed to avert.

Remembering that heart failure is by far the most common mode of death in pneumonia it is this then that receives our greatest attention, and just here is the most important point I wish emphasized in these few words. Do not give your patient digitalis, strychnine, strophanthus, nitro-glycerine or any thing else unless strongly indicated. There seems to be a routine practice among many that just as soon as the diagnosis of pneumonia is made, the first thought is the picture of a man dying with heart failure and the next thing to be done is to rush your digitalis and strychnine and numerable other things. These drugs are often beneficial when properly applied, especially strychnine. I have not strong faith in digitalis and think the drug prescribed by other physicians more from habit than from any beneficial results ever obtained from the drug.

The one great point here is not to cross the bridge till you reach it. Don't fill your patient full of medicine expecting to overcome heart failure when you have no symptoms of heart failure. An uncomplicated case of pneumonia needs very little digitalis.

I have had very good effects from the use of the ice bag in the treatment of pneumonia. It has the following uses: It relieves pain very quickly, and is pleasant to the patient. It dilates the superficial vessels.

It improves the physical signs locally, very evident improvement in resonance over the area where the ice bag has been applied may often be observed even after twenty-four hours. It reduces the temperature, and, what is also of great importance, it reduces the frequency of pulse. By its sedative action it often enables the patient to obtain sleep without hypnotics. It secures a more rapid convalescence.

In conclusion let me say in treating this disease, the one which stands out with appalling conspicuousness in the frequency with which it attacks the maturely useful members of the community, one-third of its death rate occurring at that period of life when the individual is in the zenith of working power for the family and the community, and apparently in the fullness of health and vigor, thus causing many an almost sudden bereavement in the midst of apparently unclouded happiness and prosperity, I attribute my greatest success to the non interference of the disease.

THE PHYSIOLOGY OF HARDENING.

It is said to be a custom at the University of Oxford for the children of the professors to go barefooted until their twelfth year. The children, it is claimed, are exceptionally healthy and robust. Now and then young children of tender years, and otherwise well clothed, are seen barefooted on the streets of our larger cities even in midwinter. The presence of these children is always the signal for an outbreak of sensational denunciation by the newspapers, and the custom is condemned as barbarous and cruel in the extreme. When we come to examine into the physiology of this method we find it based upon good grounds. Some years since Brown-Sequard advocated the application of cold air and water to the back of the head and neck as a means of hardening the cutaneous nerves against the effects of cold. He regarded this as the best means of preventing colds in the head and throat. The intimate sympathy or vaso-material relations existing between certain parts of the body, such as the feet and head, the hands and organs of the chest are well recognised. That it is possible to modify and control by appropriate thermal stimuli these relations and that metabolic functional conditions can be influenced is also well known. The physiological process of hardening is therefore based upon sound reasoning. The Father Kneippe cure through general cutaneous hardening is an illustration in point. The feet through long habits of protection by means of woollens and leather have become highly super-sensitive to the effects of changes of temperature. The customs of civilization has tended to weaken and render what was primitively a means of defence against diseases due to vaso-material disturbances. If the feet of the infant are kept uncovered and bathed appropriately by cold water at proper intervals it could go very easily adolescence without any foot covering at all. It must be started right and kept right, and there will be

no danger. The Greeks and Romans who, in ancient times, achieved the highest point of physical perfection and endurance, were a bare-legged people who wore sandals on their feet.

A WORD IN EXPLANATION.

In the November issue of the American Therapist there appears upon page 151, a criticism of what purports to be an extract from an editorial that appeared in this JOURNAL, in its September issue, together with certain comments made by the Western Druggist. If the capable editor of the Therapist had taken pains to compare the original article before venturing to censure it as plagiarized from his own, he would not have fallen into the error of charging the *resourceful* editor of this JOURNAL with having stolen his thunder. If the editor of the Western Druggist saw fit to select the ideas and language of Dr. Aulde with which to comment upon the article in question, the offense does not lie with this JOURNAL, but elsewhere. None of the ideas or phraseology as italicized in the Therapist, and claimed by its editor as his property, occurs in the editorial which appeared in this JOURNAL. We trust that in the future the brilliant mental emanations of Dr. Aulde will receive more respect from our contemporaries, and that if it becomes necessary to quote them that the customary "ear marks" will appear in their proper place.

CHARLOTTE'S CREMATORY.

One of the most important public-health questions of the day is how to dispose of the garbage of a city. In our city we have long been satisfied with getting it out of the house and out of town, but this like everything else has a limit, has an end. Getting it out of our immediate neighborhood is not sufficient, it must be destroyed. It is now recognized that the complete removal is only the beginning of the necessary service, and the proper ultimate disposal is no less necessary. The organic wastes of human life must be finally and completely consumed, until they are resolved into their elements, their capacity for harm and offense is not ended. It does not suffice to discharge them into a cess pool, nor does it always suffice to discharge them into a harbor or into a water course.

The Board of Aldermen of Charlotte fully recognizing the seriousness of this question have purchased a large crematory. It is known as the Dixon Crematory, and has an advantage over other crematories in that it has a furnace in the stack over which the super heated fumes have to pass and while so doing are consumed and thoroughly dissipated, consequently all odors of leather, etc., which escape in other crematories are impossible with the Dixon.

Charlotte, ever ready and watching to do that which is best for the welfare of her citizens, is the first city in the State to own a crematory. It is the only one situated between Richmond and Atlanta.

NORTH CAROLINA.

There is no State in the Union that possesses more diversified products than North Carolina—aside from the fact that she has a climate so salubrious that it is enjoyed yearly by thousands of people from North and other parts of the world; not speaking of her facilities for any industries, she produces more different varieties of medicinal drugs than any other State in the union. This is a fact that her people may well feel proud. Not only does she produce more varieties of medicinal drugs than any other State in the union but also the largest botanical depot in the world is located at Statesville, N. C., operated by Wallace Bros. Her varieties of drugs are so numerous as to attract such eminent botanists and chemists as Simon, Cramer and others to visit our land for the purpose of examining these products. I heard a chemist remark once that riding on the cars from Wilmington to Charlotte he could distinguish fifty different kinds of medicinal plants from the train. It is a goodly land in which to live and a pleasant place to die.

THE COLD BATH IN ACUTE ARTICULAR RHEUMATISM.

Every physician is familiar with the appearance of a rheumatic joint; red, puffed and glistening. The difficult and tedious task of reducing a rheumatic joint to its natural size and utility is also well known by most practitioners. Speaking from a personal standpoint and also from experience the application of ice water when properly employed is one of the most valuable of all methods in the treatment of an highly inflamed rheumatic joint. To get satisfactory results the joint must be bathed regularly and systematically. In a very recent case in a young man with a very badly swollen knee I ordered it bathed in ice water for five minutes once every hour, to be thoroughly rubbed afterwards and at the expiration of one week the joint had almost returned to its natural size. The application of ice water is so much more pleasant and agreeable to the patient than liniments, flannels, stupes, etc. Cold water acts as a sedative and anti-phlogistic to local inflammations.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

At the recent meeting held in Washington the following officers were elected for the ensuing year: Ernest F. Lewis, of New Orleans, president; Jos. Taber Johnson, of Washington, D. C., first vice-president; Richard Douglas, of Nashville, Tenn., second vice-president; Dr. Cartledge, of Louisville, Ky., treasurer, and Wm. E. B. Davis, of Birmingham, Ala., secretary. George S. Engleman, of St. Louis, was elected to succeed himself in the council. Nashville, Tenn., was chosen as the place of meeting for next year, and Dr. Wm. Davids Daggard, of that city, was appointed chairman of the local committee of arrangements.

MORPHINE IN THE AFFECTIONS OF WOMEN.

There is a responsibility attached to the employment of morphia for the relief of pain in the affections of women, not sufficiently recognized in practice. The responsibility imposes on the physician the duty of differentiating those cases in which morphia may almost certainly be given with immunity from its toxic effects from those in which the risk of intoxication by its repeated use is great. It is not too much to say that under no circumstances whatever should a patient be permitted to inject herself, and it is questionable, for many reasons, whether relatives or friends, save under very exceptional circumstances, should accept the responsibility of doing so. Only small quantities of a solution should be ordered at one time, and such an amendment might be made in the Sale of Poisons Act as to prevent the dispensing of prescriptions for morphia injections or powders which do not bear the signature of a physician of a date recent to that on which they are presented to the chemist. The effects of morphia, especially when the doses are repeated or increased, should be carefully watched, and its employment suspended if these appear to contra-indicate its use.

Apart from the narcotic effect of morphia in assuaging pain in a healthy individual, it is well to summarise its effects in the person of a truly hysterical or neurotic woman. Following the injection there is a period of repose during which the patient has a pleasurable sensation. She loses her feeling of depression and sense of fatigue, becoming more alive to all that goes on about her, takes a greater interest in conversation, and is rendered more capable of her ordinary occupations. At the same her pulse is stronger and her breathing freer.

Its duration is variable. It may last for twenty-four hours, or even longer, but its length is diminished as the number of injections is increased, and gradually this pleasurable period is reduced, after some months of indulgence, to a few hours, and ultimately, minutes. Little by little, as the number of injections and quantity of morphia is increased, the periods of depression are intensified; a sense of malaise and a feeling of restlessness succeeds, complete reaction to the previous exhilaration follows, the cardiac rhythm may become irregular, the skin is pale, a sensation of feebleness and loss of nerve control ensues, and the prostrate and languid sufferer craves again for the artificial stimulus of the morphia. Should she also be subject to neuralgia, whether in her pelvic organs or elsewhere, her pains return with redoubled force, and find, in her paralyzed will and disordered imagination, a house ready swept and garnished for every devil of hysteria and hypochondria to enter in and play havoc with her moral nature. To such we may apply the lines of Milton:

Which way she flies is Hell---herself is hell,
And in the lowest deep, a lower deep
Still threatening to devour her, opens wide,
To which the hell she suffers seems a heaven.

OUR MAILS AND THE TRANSMISSION OF BACTERIOLOGICAL SPECIMENS.

Bacteriological examination is such an essential feature in the diagnosis of certain diseased conditions that those who place obstacles in the way of its performance are incurring a somewhat grave responsibility. We learn, however, from the last bulletin of the New Jersey State Board of Health that up to July 2d the Postmaster General had refused to modify the order of the United States Postal department of June 1st, 1893, which excludes from the mails "diseased germs, discharges of any kind from diseased persons, or other things of like character, no matter how securely put up." This position has apparently been maintained in spite of the fact that Dr. Henry Mitchell, Secretary of the New Jersey State Board of Health, intimated to the Postmaster General the proposal of the Board to establish a bacteriological laboratory, and submitted to him a specimen mailing package similar to those used in France. Furthermore, the New Jersey Medical Society has expressed its opinion that diseased tissues for bacteriological examination can be transported without endangering the health of persons handling the packages. The bulletin from which the above information is derived expresses the opinion that if all those engaged in bacteriological study would join in an effort to make the subject clear to the postal officials all would be well; but we should have thought that the opinion of the New Jersey Medical Society would be sufficient to effect the desired modification. Unfortunately, the Postmaster General merely states that he does not "deem it expedient to modify the present rule," so that we are precluded from discussing the objections to the proposal.

ETIOLOGY OF PARALYSIS.

Dr. Hirschl has had 200 cases of paralysis in his private practice and in 50 per cent. of those cases the existence of syphilis was ascertained, in 25 per cent. it was regarded as probable, in 12 cases there were objective symptoms of syphilis, and in 16 per cent. the exciting cause was not discernible. 175 men affected with paralysis procreated 233 living children, of whom 154 died at an early age; the wives miscarried 106 times. The uniformity of the appearances of the disease, which was represented by diffuse interstitial encephalitis and by peri-encephalitis, suggested an etiological connexion, and the fact that all factors except syphilis were excluded pointed to syphilis as being the primary cause. Dr. Hirschl laid much stress upon the anatomical conditions in paralysis and their relation to the pathology of syphilis. The anatomical lesion of paralysis is, as a rule, described as cortical encephalitis beginning with chronic atrophy of the cortex. Some symptoms of paralysis occur only in tabes, a disease which is of syphilitic origin. Immobility of the pupils is a symptom met with after syphilis of the brain, and may also be observed in paralysis and in atrophy of the optic nerve. In some cases mercurial treatment produces an improvement. Paralysis is, therefore, a result of syphilis just as gumma is, and the occurrence of paralysis in children without antecedent primary disease resembles the occurrence of tertiary symptoms without antecedent primary and secondary manifestations.

ANTITOXINE.

The New York Board of Health, in its report which has just been published, covers the first nine months of the present year and the corresponding portions of the four preceding years. In 1895 antitoxin has been manufactured in the department's laboratory and has been extensively, though by no means universally, used as a remedy for diphtheria. In the preceding years it was, of course, not used. Statistics in the report show that in the four years before the introduction of antitoxin the percentage of cases of diphtheria terminating fatally ranged from 30.67 to 37.34, and averaged 34.63, while in 1895, under partial treatment with antitoxin, it fell to 19.43. That is, there was a reduction of the death rate by 43.94 per cent. Had antitoxin been used, therefore, in the four preceding years with such effect as in 1895, more than 3,000 lives would have been saved. A peculiar feature of the report is its statement of the enormous increase in the number of cases of diphtheria—or of diphtheria and croup, for the report covers both—during the last two years. In 1891 there were 3686, in 1892 4156, and in 1893 4721. The last was the largest number up to that date and showed the highest death rate—viz., 37.34 per cent.; but in 1894, when antitoxin was being experimentally used, the number of cases rose to 7446, and the death rate fell to 30.67, and in 1895, with the new remedy extensively administered, the number of cases rose still further to 7921, and the death rate fell to 19.43. The only explanation of this would seem to be that since the introduction of antitoxin a great many children suffering from light and trifling attacks have been treated and reported as suffering from actual diphtheria. They have recovered as they would have done without antitoxin, and thus have given that remedy credit which it does not deserve. This view is strengthened by the fact that the actual number of deaths during nine months of 1895 has been 1643, or only a trifle less than the average of the four preceding years, which was 1734.

DR. WILLIAM A. HAMMOND'S PRIVATE HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM.

This Hospital is situated on Comlumbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The Institution was opened on the 7th of January, 1889, and has met with a degree of success altogether unexampled in the history of private hospitals. Dr. Hammond has had a life-long experience with nervous diseases and obtains splendid results from his methods of treatment. In this Institution all known means for combatting diseases of the nervous system are employed and no expense is spared to obtain at once every medicine and appliance which has been found useful in the treatment of the disease in question. Each patient is thoroughly examined by Dr. Hammond and receives such personal attention as he thinks necessary. For any information, address, Dr. Hammond at the Hospital, Fourteenth Street and Sheridan Avenue, Washington, D. C.

LOCAL RESPONSIBILITY IN INSANITY.

It is an axiom of ethics that responsibility is commensurate with power. The power of controlling the acts is more or less the essential factor in insanity and irresponsibility, and more so is the knowledge of their nature and consequences. The question to decide in any given case of insanity is not alone as to whether the *mental* perceptions admit the knowledge of the right and wrong for which a person is held to trial, for it may be a question of the individual's power to control his *impulses*, a question of volition, not of nice adjustment of moral equities. Consciousness must not be confounded with moral control, because an insane person may be perfectly conscious of his acts, conscious of the responsibility to the law, conscious of the penalty, and yet in no way more responsible for the act than a man who having fallen from a building drops upon and kills a passing pedestrian in the street. Insanity is a disease in which the individual does not possess control of intellectual or moral faculties. It is a medical and not a legal question.

THE SCHOOL ROOM AND THE NEW YORK BOARD OF HEALTH.

Following the suggestions of its bacteriologist this body has enacted many valuable rules. Slates, pencils, and sponges are discontinued. Pupils shall, under no circumstances, loan pencils or penholders, each one being supplied with these articles plainly marked with the child's own name. If a child is taken ill with contagious disease, all school property that it has used shall be disinfected or destroyed; books taken home by pupils are to be newly covered at frequent intervals; each pupil shall be provided with a drinking cup marked with its name or number, and shall use no other under penalties.

Children at school shall not be sent to the houses of others to make inquiries or leave messages, for any other reason. Sufficient space shall be provided for the wraps and headgear, in order that there may be no crowding, and that the garments need not come in contact. Floors, doors, door-knobs, stairs, desks, and all metal or wood-work with which children come in contact shall be washed with a disinfectant at least once a week, and oftener if thought necessary. Places for drinking water shall be discontinued. Covered pitchers shall be provided for all class-rooms, and fresh water placed therein as required. This is a step in the right direction. The promiscuity of children has long been a source of uneasiness to careful parents. It has been found impossible to restrict the youngsters, because no rules were made looking to this end. It is altogether likely that the benefits of the new regulations will become apparent in a decrease of contagious illness.

Mrs. Huxley has been granted a pension of a thousand dollars a year.

THE ANTI-ANTHRAX SERUM.

Dr. Sclavo has published some interesting notes on the preparation of Anti-Anthrax Serum: He has made experiments to ascertain whether the serum of animals distinctly receptive to anthrax but rendered immune against it, would have preventive and therapeutic properties. He selected the sheep as the producer of the serum, and tested the new qualities acquired by the serum in the rabbit. In March, 1895, he undertook the immunisation of a sheep, commencing the treatment with two Pasteur vaccines, and gradually increasing the degree of immunity, injecting subcutaneously increasing quantities of a most virulent anthrax bacillus. On September 12th the sheep bore, with a slight increase of temperature, the injection of all the anthrax material developed in seven cultures made in agar. Six days after he obtained, by bleeding from the carotid artery, the serum which served for the experiments on the rabbit. In June he injected 2 c.cm. of anthrax culture in broth into a female lamb. In spite of the strong dose of the culture employed—certainly more active than the two Pasteur vaccines—the animal survived, presenting marked reaction at the place of injection. The lamb, in consequence of the treatment, acquired an immunity against anthrax, which would gradually increase with increasing doses of most virulent anthrax culture. The results obtained with the sheep's serum may be thus summarized; In a dose of 2 c.cm. it preserves from death rabbits which received, from 12 to 24 hours afterwards; 1 c.cm. of anthrax culture. This quantity of culture, much superior to the minimum lethal dose, killed in about 48 hours the control rabbits. With 5 c.cm. of serum he saved rabbits by injecting simultaneously the serum and the anthrax culture. The therapeutic results obtained with serum injected 6, 12, 18 and 24 hours after the above dose of culture were also remarkable. In an experiment with 6 rabbits, 2, which had received, after 18 hours, respectively 5 and 10 c.cm. of serum, died in 5 and 6 days; the 2 rabbits which had the same quantity of serum after 12 hours, and a third which were injected 10 c.cm. of serum after 6 hours, still lived. A rabbit treated with 5 c.cm. of serum, likewise after 6 hours, died on the ninth day; but the necropsy showed numerous cysticeri in the peritoneal cavity and extensive coccidiosis of the liver. An attempt was made to treat a rabbit after 24 hours from the injection of the anthrax germs, but the animal succumbed to the disease at the end of 8 days from the inoculation. In the various experiments the serum was always injected under the skin of the back, whilst the anthrax bacillus was introduced into the subcutaneous tissue of the abdomen. The lamb's serum also possesses preventive and therapeutic properties, but much inferior in degree. From the results obtained, Dr. Sclavo believes that there is ground for hope that anthrax both in man and in domestic animals may be combated by serum-therapy.

BOOK REVIEWS.

AN AMERICAN TEXT-BOOK OF OBSTETRICS FOR PRACTITIONERS AND STUDENTS. By James C. Cameron, M. D., Edward P. Davis, M. D., Robert L. Dickinson, M. D., Chas. Warrington Earle, M. D., James H. Etheridge, M. D., Henry J. Garrigues, M. D., Barton Cook Hirst, M. D., Chas. Jewett, M. D., Howard A. Kelly, M. D., Richard C. Norris, M. D., Chauncey D. Palmer, M. D., Edward Reynolds, M. D., Henry Schwarz, M. D., Richard C. Norris, M. D., Editor. Robt. L. Dickinson, M. D., Art Editor. Philadelphia: W. B. Saunders, 925 Walnut St. MDC'CCC'V.

Advances in the science and art of obstetrics have kept pace with the advances which have characterized all branches of medicine and surgery. This volume is the sixth of the American Text-Books of which Saunders is publisher, and they are among the most valuable set of books ever published. This is the first new Text-Book of Obstetrics containing the writings of more than one individual that has appeared in a decade. The authors of this work are those possessing experience as teachers of Obstetrics in several of the leading medical schools and hospitals of America. The book is very simple in arrangement, being divided into six chapters with sub-divisions. The first chapter is devoted to the Generative Organs. Chapter II. Pregnancy; III. Labor; IV. The Puerperium; V. The New Born Infant; VI. Obstetric Surgery.

Each chapter is very complete and written by a most experienced teacher. It is stated in the preface that the especial design in preparing the volume was to make clear those departments of obstetrics that are at once important and usually so obscure to the medical student. Therefore the obstetric emergencies, the mechanics of normal and abnormal labor, and the various manipulations required in obstetric surgery are all described in great detail, the text being elucidated with numerous illustrations and diagrams which will materially assist the student to grasp the complex problems of operative obstetrics. The diseases of the fetus and new-born infant are given separate sections in the volume, and the subject is more fully discussed than is usual in obstetrical works in the English language. The chapter on Obstetric Surgery, the closing one in the volume, is very important, and should be closely read.

The sections on Instrumental Operations, written by Cameron, and Manual Operations by Dickinson, are very fine. There are many points we would like to mention of this great work's improvement. It contains the finest pathological specimens yet seen. From every standpoint the work has no superior. The plan of the Text Book, the exposition of only the latest ideas in pathology, the avoidance of conflicting statements, and the wealth of illustrations, are qualities which will make this work an efficient guide to those who study or who practice Obstetrics.

STIMSON'S OPERATIVE SURGERY. New (3d) Edition. A Manual of Operative Surgery. By LEWIS A. STIMSON, B. A., M. D., Professor of Clinical Surgery in the University of the City of New York. New (3d) Edition. In one royal 12mo. volume of 614 pages, with 306 illustrations. Cloth, \$5.75. Philadelphia: Lea Brothers & Co., Publishers, 1895.

Comprised within the space of about six hundred pages we have given us undoubtedly the most lucid and, in all respects, satisfactory

treatise on operative surgery that has fallen under our observation. The author's well-known reputation as a surgeon is of itself a sufficient guarantee as to the great merit of the work. This, the third edition, attests the service it has rendered to thousands of physicians and surgeons. As surgery is chiefly operative, this volume on its procedures is an indispensable part of the equipment of every surgeon, and likewise of every physician in general practice. The profuse series of illustrations has been largely re-engraved, and additions have been made to it wherever clearness and fullness of instruction could be promoted thereby. The first few pages of the work is taken up with a treatise on "The Accessories of an Operation," and in the author's own words, "The secret of success in operative surgery lies in absolute cleanliness of the operator, and his assistants, the wound and its surrounding parts, of all instruments, dressings, and accessories, and of the room and its contents. The next 38 pages is devoted to the subject of ligature of arteries, and under this important section a thorough and complete description as to how each artery should be ligated is given. Amputation and Excision of Joints and Bones are the next two chapters considered. Neurotomy and Tenotomy are fully and clearly explained, as also are plastic operations of the face. One of the special features and beauties of the book is that section devoted to Special Operations. This is a handsome volume, nicely bound and splendidly illustrated.

A HANDBOOK OF HYGIENE. By A. M. DAVIES, M. R. C. S., S. S. A., D. P. H., Surgeon Major, A. M. S., late Assistant Professor of Hygiene, Army Medical School, Netley, etc. Philadelphia: J. B. Lippincott Co.

One cannot but be pleased with the handsome and rich appearance of this book, to say the least of its valuable contents. Surgeon-Major Davies has, in the course of nearly six hundred closely printed pages, covered thoroughly the ground allotted to the many-sided science of Public Health. It has the conspicuous advantages of being thorough and up to date, as would be expected from the author's reputation. It is a noticeable fact that the work gives a great deal more detailed information upon several matters than is to be found in any other work of this class. No book can please every body. Some will think a certain subject should have received greater attention, and others just the reverse.

Every writer and lecturer has his own views as to what is most essential. In this work, for instance, the condensation which has been thought expedient in some chapters can readily be made good from other sources if need be. The first three chapters, upon Air, Water, and Food, which extend to some 300 pages are models of completeness. The fourth chapter on Sewage omits nothing of importance. Without attempting any such herculean task as a detailed discussion of the thousand and one points of scientific interest to be found in each section, we may call attention to the valuable chapter on the Causation and Prevention of Disease,

which comes near the end of the work, and contains a capital epitome of the etiology and epidemiology of the principal infectious diseases. His object has been, we are told, "to compile such a work as would in small compass contain all that was essential, while at the same time the form should be of the most handy and portable kind. Both author and publisher are to be congratulated upon the result.

ESSAYS IN HEART AND LUNG DISEASE. By ARTHUR FOXWELL, M. A., M. D., Cantab, Fellow of the Royal College of Physicians of London, Physician to the Queen's Hospital, Birmingham. London: Chas. Griffin & Company, Ltd. 1895.

These essays deal with a number of interesting subjects connected with pulmonary and cardiac diseases. They are ably written in a lucid and concise style, and display considerable originality of thought, with brief allusions to illustrative cases. The author somewhat departs from the regular line of thought, and claims for catarrhal fever as a specific disease which he calls "catarrhus." In his essay on "Acute Pneumonia in Children," he strongly insists on the error of regarding pneumonia as a disease per se. The general symptoms of acute pneumonia, he argues, are those of catarrhal fever, and the lung lesion is no more characteristic of this state than is the joint lesion in rheumatic fever. Dr. Foxwell's remarks upon vaso-motor constriction of the pulmonary arterioles as a factor in spasmodic asthma are well worthy of attention, as indeed are many of the views expounded in these essays. The work presents a neat and clear appearance.

THE DISEASES OF CHILDREN and their Homeopathic Treatment. A Text-Book for Students, Colleges and Practitioners. By ROBERT N. TOOKER, M. D.

This book is a great and valuable acquisition to Homeopathic literature of the day. It is a complete and practical work on the diseases of children. From a clinical standpoint it is quite an able presentation of the subject. It is devoid of diffuseness, yet sufficiently comprehensive to meet all demands. The author states that his aim has been, not so much to improve on, or vary the description of disease phenomena, affecting infants and children, as set forth in other treatises; nor to add to, or find fault with, accepted theories of etiology and pathology, but rather to condense our present knowledge, opinions and theories of etiology and pathology, and gather together the best therapeutic and hygienic measures for the relief of infantile maladies.

The book consists of eight hundred and eighteen pages, and covers the entire field of Pediatrics. Professor Tooker has had this work in course of preparation for more than three years past, and it is the result of the author's mature experience of more than thirty years of active practice, and fifteen years' occupancy of the chair of Pedology in one of the largest Homeopathic Medical Colleges, with a Children's Clinic of unsurpassed magnitude. Price, Cloth, \$5.00 net; Sheep, \$6.00 net. Sent prepaid on receipt of price.

A MANUAL OF HYGIENE. By MARY TAYLOR BISSELL, M. D., Professor of Hygiene in the Woman's Medical College of the New York Infirmary. 8 vo., Cloth, \$2.00. The Baker & Taylor Co., New York.

Students of Hygiene will find this a most admirable book and if they are not well pleased with it are hard to satisfy. This is just the book for our schools, as the only hope of preventive medicine seems to be in the education of the people through the children in our schools. It is not a book of technical terms, but a practical work, comprehensive and very clear, the result of the authors experience in the class room. The work will not only be of service to students, but to practitioners as well.

Its treatment includes the subjects of Air, Water and Soil, with special reference to their contamination, and the diseases that may result from this. Drinking water—its relation to typhoid fever, cholera, etc., and the necessary public and private measures for guarding its purity, the hygienic significance of the dust of the air as a carrier of disease, the relation of the soil to illness, its drainage, etc., are specially considered under these heads.

Foods—their classification and function in nutrition, and the diseases which may be carried by them are considered, the purity of milk, with the State and household measures necessary to ensure this having prominence.

The Hygiene of the Dwelling, including the subjects of ventilation, heating and plumbing, is practically treated. School hygiene has a separate chapter devoted to it.

Personal Hygiene, and the subjects of growth and development are treated, with special reference to children. Exercise, as an important factor, is considered in a separate chapter.

Preventable Diseases, especially such as are communicable, are considered with reference to their specific cause, when known, and methods of disinfection, both public and household, are described in detail.

A MANUAL OF ELECTRO THERAPEUTICS. By C. T. HOOD, M. D. Gross & Delbridge Company, Publishers, 48 Madison Street, Chicago.

This is a most valuable book on Electro Therapeutics by Prof. Hood. The objection raised by a large percentage of Physicians to works on Electricity that they are too technical, too scientific, too exhaustive, too theoretical and not practical, is entirely overcome in this little book.

The physics are given in so simple a manner and so thoroughly and clearly illustrated by the nearly one hundred original plates that any student is able to comprehend them without a previous scientific training.

The directions for setting up, keeping in order and regulating a battery are so simple and clear that there can be no need to keep an electrician handy all the time. Any physician can follow these directions, and by doing so can always tell what is the matter when his battery will not run, and how to remedy it himself.

The Therapeutics are given in a purely clinical way, and only such cases illustrated as are likely to come under the observation of the practitioner at any time.

The details of application as to length of time, direction of current, just where to place the electrodes, the strength and kind of current to be used in each case, is fully and clearly given.

It is the book for the busy practitioner and the student.

The chapter relating to Gynecology indicates clearly when you should use this treatment and when not; in what cases it is curative and in what cases it is palliative.

The treatment of Fibroids is very full and explicit as to every little detail. The book comprises about 250 pages, printed on the best toned paper, and contains some 200 illustrations. Price, \$2.00.

ON DISEASES OF THE VERMIFORM APPENDIX. By DR. HERBERT HAWKINS, Assistant Physician to St. Thomas's Hospital. London: Macmillan & Co., 1895.

This little book is a nice volume. It is a graduating thesis and collects together the copious and scattered literature which deals with disease of the appendix and arranges the facts with method and conciseness. The book is valuable throughout, but the most serviceable parts are those which deal with the cases admitted into St. Thomas's Hospital. The clinical aspects of perityphlitis are very fully and thoroughly dealt with. The author gives a full account, illustrated by good wood cuts, of the morbid changes in the appendix, and demonstrates that perityphlitis may be set up by an appendix which presents no naked-eye evidence of change. To those interested in the pathology and clinical features of perityphlitis the work can be heartily commended. The treatment follows the lines usually observed among English physicians and surgeons. From a mechanical standpoint the book is first-class in every respect.

THE MEDICAL NEWS VISITING LIST for 1896. Weekly dated, for 30 patients; Monthly undated, for 120 patients per month; Perpetual undated, for 30 patients weekly per year; and perpetual undated, for 60 patients weekly per year. The first three styles contain 32 pages of data and 160 pages of blanks. The 60 patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, \$1.25. Philadelphia: Lea Brothers & Co., 1895.

The Medical News Visiting List for 1896 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical Table of Diseases, with the most approved Remedies, and a Table of Doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers, and the Ligation of Arteries. The classified blanks (160 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. The selection of material in the text portion and the arrangement of the record blanks are the result of eleven years of experience and special study. Equal care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding nothing seems to be left wanting.

When desired, a Ready Reference Thumb letter Index is furnished, which is peculiar to this Visiting List, and which will save many-fold its small cost (25 cents) in the economy of time effected during a year. In its several styles The Medical News Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this valuable pocket companion.

MANUAL OF GEOLOGY. By JAMES D. DANA. Fourth Edition. New York: American Book Company. Pp. 1088.

This is the best known and recognized book on Geology published in the English language. This book has been authority for thirty-two years, its first edition having appeared in 1863. It has always been of especial value to American students from the fact that it has treated geology with especial reference to American geological history. In the new edition, for which the work has been wholly rewritten, this feature has been preserved. Historical geology, in fact, occupies about two-thirds of the volume, three hundred pages being devoted to the dynamical side of the science, while the physiographic and structural divisions together occupy one hundred. So many new facts and hypotheses have been brought forward in the last fifteen years that the author felt obliged to increase the quantity of matter, both text and illustrations, in the book by fifty per cent. A peculiar interest attaches to this edition from the death of Prof. Dana two months after completing the supervision of its publication. It is fortunate for students of geology that he was able to finish his task. The book is splendidly illustrated, nicely printed and well bound.

PERSONAL REMINISCENCES AND RECOLLECTIONS of Forty-six Years' Membership in the Medical Society of the District of Columbia, etc. By SAMUEL C. BUSEY, M. D., LL.D., President of the Medical Society. Washington, D. C. 8vo., pp. 373. Washington, D. C. 1895.

The author states that he has not attempted to write an autobiography, but has limited himself to such personal references as seemed necessary to set forth distinctly and definitely incidents and circumstances with which he was actually associated. It is a pleasant reminiscent contribution to medical literature, comprising, as its title indicates, a history of the doings of a medical society in Washington, in which the usual differences of opinions as to ethics and other matters provoked much discussion, and which is possibly of interest to some of the surviving participants.

THE PHYSICIANS VISITING LIST FOR 1896. Philadelphia: P. Blakiston, Son & Co. 1012 Walnut Street.

This Visiting List's popularity is clearly evidenced by the fact that it has been published annually for 45 years, and with this issue it presents several improvements. More space has been allowed for writing the names, and to the "Memoranda Page" a column has been added for the "Amount" of the weekly visits, and a column for the "Ledger Page."

No Visiting List has been used to such an extent, or for so long a

time, as this. There is none better suited to the work of the general Physician, in keeping easily and systematically his business accounts and memoranda.

TRANSACTIONS of the State Medical Society of Wisconsin for the year 1895. Madison, Wis.: Tracy, Gibbs & Co.

There is quite an improvement in the appearance and general make up in the transactions of '95 as compared to those of '94. This is a handsome volume, filled with excellent papers, which will be interesting and instructive to all. These transactions occupy nearly 600 pages.

A MANUAL FOR THE STUDY OF INSECTS. By JOHN HENRY COMSTOCK, Professor of Entomology in Cornell University and in Leland Stanford Junior University, and ANNA BOTSFORD COMSTOCK, Member of the Society of American Wood-Engravers. Comstock Publishing Co., Ithaca, N. Y.

This hand-book is designed to meet the needs of teachers in the public schools and of students in high schools and colleges. The book is so written that any intelligent teacher can find out for himself the more important facts of insect-life. Its most distinctive features is a series of analytical tables by means of which the family to which any North American insect belongs can be determined. Under the head of each family the characteristics of the family, both as regards structure and habits, are given, and the more common species are described. It is thus possible for the student to determine to what family any insect belongs and to learn the habits of the insects of that family, and, in case of the more common species, to learn the name of the insect. The book consists of 711 pages, and is illustrated by 797 figures in the text and six full-page plates, one of which is colored. Nearly all of the figures have been engraved especially for this work. Price, \$3 75, or by mail, post-paid, \$4.09 per copy.

THE GROWTH OF THE AMERICAN NATION. By HARRY PLATT JUDSON, LL.D. 12mo, pp. 359. Meadville, Pa.: Flood & Vincent. \$1.

Two characteristics common to the best brief histories of the United States that have been recently written appear in Prof. Judson's volume in the Chautauqua series—a material reduction in the proportion of space assigned to the colonial period, and a corresponding expansion in the treatment of that era in time which marks our actual national growth. About five-sevenths of Prof. Judson's book is given to our history as a nation, from 1789 to the present time. The remaining two-sevenths suffices to tell the story of the foundation and settlement of the Colonies and the Revolution. Many details, important enough in other connections, are omitted from this narrative, the purpose of which is not so much to serve as a vehicle of facts as to provide an exposition of our main lines of progress as a people. The spirit and method of the book are not unlike the spirit and method of Hosmer's "Anglo-Saxon Freedom." The quality of accuracy is exhibited in everything that Professor Judson writes; and for sound sense and breadth of judgment few of our historical scholars

can equal him. His recent volume, "Europe in the Nineteenth Century," is one which commends itself more and more as the reader or student finds occasion to refer to it for light upon one topic or another.

THE TRIUMPHS OF THE CROSS. By Ex-President E. P. TENNEY, A. M. International and Interdenominational. Boston: Balch Brothers, 36 Broomfield Street. 1895:

This book of over 600 pages is a Practical Book, one dealing with conditions, not theories, facts rather than fancies; not a philosophical book, or a book of theology, but a book of achievements. It tells what Christianity has done to make the world better and happier; shows how the religion of Jesus, alone among all the religions of the world, has cherished childhood, honored womanhood, and dignified the condition of all handicraft workers; how it has quickened the human intellect and fostered the cause of education; how it has purified literature and cleansed art; how it has alleviated social sorrow and wretchedness, notably in its myriad modern philanthropic movements in behalf of the victims of poverty and vice and crime, and in the equally numerous and remarkable evangelistic movements in our great cities, on the outskirts of civilization, and in non-Christian lands. This book will prove a quick help to an easy and reliable acquaintance with a most important topic. It is a highly concentrated book. condensed, packed, without waste of words. The printing is fine, the binding good, and the illustrations are superb.

THE KING IN YELLOW By ROBERT W. CHAMBERS. 32mo, pp. 316. Chicago: F. Tennyson Neely.

This little book of about 320 pages is one of much interest, and will not suffer from neglect. There is a powerful imaginative quality about these stories which has suggested the genius of Poe to some of Mr. Chambers' enthusiastic criticisms.

Reprints.

Apex Catarrh. By Howard S. Straight, A. M., M. D., Cleveland, O. Reprinted from the Medical Record, January 6, 1894.

Ulcers of the Leg: All can be cured. By Carter S. Cole, M. D. Reprint from American Medico-Surgical Bulletin, October 15, 1895.

Syphilis and "Apex-Catarrh." By Howard S. Straight, A. M., M. D., of Cleveland, Ohio. From the Medical News, December 1, 1894.

Constipation, Extraordinary and Ordinary. By Starling Loving, M. D., Columbus. Reprint from the Transactions of the Ohio State Medical Society, 1895.

Appendicitis. By George W. Gay, M. D., Surgeon to the Boston City Hospital. Reprinted from the Boston Medical and Surgical Journal of January 31, 1895.

Hydro-Pyonephrosis, with a Case. By Joseph Taber Johnson, M.D., Washington, D. C. Reprinted from the Transactions of the Southern Surgical and Gynecological Association, 1895.

Electro-Puncture of the Tonsils, with Report of a Case. By Howard S. Straight, A. M., M. D. Reprint from Western Reserve Medical Journal, October, 1894.

Notes on Disease of the Ear and Upper Air-passages in Apex Catarrh. By Howard S. Straight, A. M., M. D., Cleveland, O. Reprinted from the Medical Record, September 22, 1894.

State Provision for Epileptics. By William Francis Drewry, M. D., of Petersburg, Va., First Assistant Physician Central State Hospital, etc. Reprinted from Transactions of Medical Society of Virginia, 1895.

A Case of Head and Foot Presentation—Fracture of the Spine in Utero. By Joseph Taber Johnson, M. D., Washington, D. C. Reprint from volume III Gynecological Transactions, 1879.

Notes on Some Cases of Congenital Malformations of the Face and Ears. By C. A. Hamann, M.D., Professor of Anatomy, Western Reserve University, Cleveland, Ohio. Reprinted from University Medical Magazine, August, 1894.

Pathological Specimens, with Accompanying Histories. By Joseph Taber Johnson, M. D., of Washington, D. C. Presented before the Medical Society of the District of Columbia, May 21, 1889. Reprinted from the Journal of the American Medical Association, June 22, 1889.

Literary Notes.

LIPPINCOTT'S MAGAZINE FOR DECEMBER, 1895.—The complete novel in the December issue of Lippincott's is the "Old Silver Trail, by Mary E. Stickney. It deals with Colorado mining life, with strikes, plots, and various underground proceedings, as well as with scenery and mountain breezes. The hero loves his enemy's daughter, and his pluck and manliness triumphs over many obstacles.

The scene of "Bennett's Partner," by James Knapp Reeve, is a wild and lonesome part of the great West, which lends itself naturally to exciting adventures. Harry Stillwell Edwards, in a striking tale, shows "Where the Clues Met," which was in Georgia. "Three Fates," as outlined by Virna Woods, are varying fortunes which would, or might, have befallen the California heroine, according to which of three suitors she married. "The End of Captain Ferguson," by Beulah Marie Dix, is a brief but vivid sketch, in the modern heroic manner, from old wars in Germany.

"English Mediaeval Life" is pleasantly described by Alvan F. San-

born, and "Athletic Sports of Ancient Days," apropos of the coming revival of the Olympic Games at Athens, by Thomas James de la Hunt. Lyman Horace Weeks gives an account of "Japanese Sword-Lore." As a pendant to these foreign topics, William Cecil Elam tells of "Gunning for Gobblers" in Virginia, and Lawrence Irwell of "Orchids," now so much cultivated among us. Calvin Dill Wilson enumerates the various kinds of "Meats" eaten in all parts of the earth.

Under the title "Opposing View-Points," Frederic M. Bird considers the question whether editor and contributor are natural enemies.

"Shrived" by Margaret Gilman George, is an unusually successful revival of the old ballad style, handling a delicate subject with vigor and feeling. The other poems of this number are by Elizabeth Harman, Alice I. Eaton, and Carrie Blake Morgan.

Conspicuous among the contents of the December Atlantic is another of John Fiske's historical studies. It has for a title *The Starving Times in Old Virginia*, and is an important historical contribution as well as delightful reading.

This issue also contains three short stories: *Witchcraft*, by L. Dougall; *The End of the Terror*, by Robert Wilson, and *Dorothy*, by Harriet Lewis Bradley.

Other articles of interest are *A New England Woodpile*, an outdoor sketch, by Rowland E. Robinson; *The Defeat of the Spanish Armada*, by W. F. Tilton; *An Ioler on Missionary Ridge*, a Tennessee sketch, by Bradford Torrey; *Being a Typewriter*, a discussion of the relation of the machine to literature, by Lucy C. Bull; *Notes from a Traveling Diary*, a study of the new Japan, by Lafcadio Hearn; and *To a Friend in Politics*, an anonymous letter.

The series, *New Figures in Literature and Art*, which has been appearing in the Atlantic, has attracted wide attention. The subject of the third paper, appearing in this issue, is Hamlin Garland.

There are further chapters in Gilbert Parker's powerful serial, *The Seats of the Mighty*, and two poems of exceptional quality, *The Song of a Shepherd-Boy at Bethlehem*, by Josephine Preston Peabody, and *The Hamadryad*, by Edward A. Uffington Valentine.

Book Reviews and the usual departments complete the issue.

Houghton, Mifflin & Co., Boston.

The Review of Reviews for December, in its "Progress of the World" department, plunges as usual into the discussion of important current topics. The assembling of the Fifty-fourth Congress, at home, and the disturbed condition of Turkey and some of the European powers at this moment present questions which call for extended comment this month. The editor also devotes several paragraphs to the boundary dispute be-

tween Great Britain and Venezuela, and the results of the recent elections in various States are reviewed and summarized. But this department of the Review is by no means confined in its range to political or governmental affairs; it "covers" such subjects as the foundation of the Luther League of America, the doings of Schlatter, the so-called "Healer," in Denver, noteworthy events in the educational world (Mr. Rockefeller's latest gift to the University of Chicago, the inauguration of a new President at Colgate University, etc.) and biographical notes on important men and women who have died during the month (Eugene Field, Signor Bonghi and others).

A complete and immediate revolution of transportation methods, involving a reduction of freight charges on grain from the West to New York of from 50 to 60 per cent, is what is predicted in the November *Cosmopolitan*. The plan proposes using light and inexpensive corrugated iron cylinders, hung on a slight rail supported on poles from a cross-arm—the whole system involving an expense of not more than fifteen hundred dollars a mile for construction. The rolling stock is equally simple and comparative inexpensive. Continuous lines of cylinders, moving with no interval to speak of, would carry more grain in a day than a quadruple track railway. This would constitute a sort of grain pipe line. The *Cosmopolitan* also points out the probable abolition of street cars before the coming horseless carriage, which can be operated by a boy on asphalt pavements at a total expense for labor, oil, and interest, of not more than one dollar a day.

APPLETONS' POPULAR SCIENCE MONTHLY.—For the last half century scientific methods of study have been gradually extending, until they are now applied to every branch of human knowledge.

The great problems of society are making urgent demands upon public attention. Science furnishes the only means by which they can be intelligently studied.

This magazine gives the results of scientific research in these and other fields. Its articles are from the pens of the most eminent scientists of the world.

It translates the technical language of the specialist into plain English suitable for the general reader.

Among the subjects discussed in its pages are: Psychology, Education, The Functions of Government, Municipal Reform, Sumptuary Legislation, Relations of Science and Religion, Hygiene, Sanitation, Domestic Economy, Natural History, Geography, Travel, Anthropology, and the physical sciences.

Prominent among its recent contributors are such men as Andrew D. White, Garrett P. Serviss, C. Hanford Henderson, David A. Wells, David

Starr Jordan, Chas. Sedgwick Minot, Appleton Morgan, Edward Atkinson, G. T. W. Patrick, James Sully, Herbert Spencer, M. Allen Starr, Wm. T. Lusk, M.D., Edward S. Morse, Frederick Starr, T. Mitchell Prudden, M.D.

We take this opportunity to call attention to several changes that are introduced with the November number, which begins the forty-eighth volume of the Monthly. In order to more specifically identify the magazine with a great publishing house, it has been decided to precede the old title with the publishers' name; so that hereafter the journal will be known as Appletons' Popular Science Monthly. Coincident with this, a few alterations have also been made in the several editorial departments, which it is hoped will add to their value and interest.

50 cents a number; \$5.00 per annum.

D. Appleton & Co., Publishers, New York.

E. B. Treat, Publisher, New York, has in press for early publication the 1896 International Medical Annual, being the fourteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty distinguished Specialists, selected from the most eminent Physicians and Surgeons of America, England and the Continent. It will contain reports of the progress of Medical Science at home and abroad, together with a large number of original articles and reviews on subjects with which the several authors are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the Medical practitioner. The price will remain the same as previous issues, \$2.75.

Several notable improvements have been introduced in the Popular Science Monthly, henceforth to be known as Appletons' Popular Science Monthly, with the beginning of the current volume. Wider margins have been adopted, the departments have been re-arranged and given a less formal style, and many new attractions are promised. In response to numerous demands, the publication of the magazine simultaneously in this country and in England has been begun. The new volume opens with a list of writers, including David A. Wells, Fitzgerald Marriott, Daniel G. Brinton, E. P. Evans, James Sully, G. Frederick Wright, and the Dean of Montreal, which should win it many new friends both at home and abroad.

Tobacco Amblyopia.

In a series of clinical observations reported to the Kentucky State Medical Society, in June, 1895, Dr. Wm. B. Meany, of Louisville, cites a number of cases in which it was clearly apparent the amblyopia was caused by retro-bulbar neuritis. He observed the central scotoma decidedly asymmetrical, and found color perception not only in the periphery of the field, but in one case where the central scotoma extended for red and green 15° from the center of perception, while his recognition of blue, yellow, and white seemed unimpaired in the whole field. Mercury, iron, and nux vomica, with general faradization brought about complete recovery.

Several similar cases clearly establish the fact that symmetrical scotoma is neither diagnostic of tobacco amblyopia, nor constantly present in otherwise apparently well established cases. Is it fair to assume, therefore, that the so-called tobacco amblyopia has any distinctively characteristic feature? Does one always find the same amount of defect in each eye, and acromatopsic phenomena fairly attributable to tobacco alone? Are these scotomata for certain colors due to toxic influences, or structural changes? Is it not a fact that other toxic agents are attended by varying degrees of amblyopia; and that, some writers apparently eager to ignore the effects of alcohol, have taken up the consideration of central or peripheral lesions of the optic nerve clearly due to prolonged local disturbances of the vaso-motor system from various kinds of excesses and mechanical disturbances of nutrition, even including tuberculosis, to set forth an exaggerated view of the, by no means well established, toxic effects of tobacco.

Certain trophic neuroses are held up as distinctive types of disease, and in the anxiety to charge tobacco as the general agent for inciting them, even the effects of railway injuries, and what is described by some, as a peculiar form of white atrophy of the optic nerve with indistinct marginal outline of the disc, have been set forth as characteristic effects of the use of tobacco.

The present limited state of our knowledge of the relations of the fundus of the eye to what is concurrently going on in the optic avenues, and their ultimate terminal relations to the sensorium, proves how rudimentary our insight into the reflex phenomena in cases of megrim, and certain pelvic diseases must be. How difficult then it is to differentiate the varying forms and degrees of amblyopia must easily appear to the clinical observer. Tobacco amblyopia has a possible existence only, and no physician however skilled and experienced in ophthalmic practice may say he is safe in the recognition and differentiation of the anæsthetic retinitis coincident with Locomotor Ataxy, the retinitis of anæmia, and the multifarious forms of toxæmia, along with tobacco amblyopia.

All the conspicuous symptoms of tobacco amblyopia are in a great measure identical with those visual disturbances which arise from axial neuritis observed in poisoning by lead, sulphur, bi-sulphide of carbon, stramonium, quinine, alcohol, and even starvation itself. Is it not a fact that similar lesions and visual disturbances exist in varying degrees, more or less prominent, in nearly all organic lesions of the spinal cord and the brain; in embolism, loss of blood, dementia-paralytica, traumatism, syphilis, tuberculosis, epilepsy, dysmenorrhœa; various forms of nephritis, miasmatic fevers, anæmia, rheumatism, podagra, and la grippe.

The very fact that a number of cases of co-called tobacco amblyopia get well without discontinuing the use of the drug casts doubt upon the diagnosis. Medicinal agents which correct local lesions, and morbid conditions of the system generally, are unquestionably in evidence in the cure of many cases of the so-called tobacco amblyopia.

But closer study must show the difficulty of discriminating as to the cause, and absence of positive proofs must be admitted in a majority of cases.

Dr. Meany's contribution has great significance and value from the fact that he unmistakably points out the insurmountable difficulties in the diagnosis, and casts serious doubt upon the minds of thoughtful clinicians by his successful treatment of cases without discontinuing entirely the use of the toxic drug. It is very probable there are cases of unmistakable tobacco amblyopia, but it is equally certain that many difficulties environ the differential diagnosis of this and other forms of functional scotomata; and, even after structural changes have occurred, thus making the scotomata permanent, the etiology is none the less certain.

Modern Methods of Treating Diseases of the Nose and Throat.

The New York Medical Journal, of October 26th, publishes a paper, which was read before the New Hampshire Medical Society in June, that we think deserving of careful study. The author, Prof. O. B. Douglas of New York, has had a large experience during the last 18 years in the Throat Department of Manhattan Eye and Ear Hospital, and at the Post-Graduate Medical School and Hospital, and he gives us, in this article, results of his observation and experience. He says: "Diseases of the nose and throat are more numerous and have a larger train of evil effects than most of our profession appreciate. They are important because so numerous and so far-reaching. He classes them as acute or chronic, simple or complicated, local or general, organic or traumatic, acquired or congenital, benign or malignant, and says we must be able to recognize syphilitic, tubercular, cancerous, exanthematous, diphtheritic, mycotic and traumatic conditions, and must distinguish peculiarities of various tumors,

the condition of numerous sinuses, the character of secretions, empyema, necrosis, reflex pains, etc.

More frequent than any other disease, more widely distributed and more destructive to usefulness and happiness is that condition which causes catarrh. What is known as catarrh is usually but a symptom, the effect of nasal obstruction, and it is the surgeon's first duty to determine the cause, then remove it. He believes that the hypertrophied middle turbinate body is capable of more mischief, can cause more suffering directly and remotely, than any other mass of its size in the human body. It is the primal cause of more catarrh trouble than all other causes combined.

A persistent contact of surfaces that ought not to touch in the nose will always cause trouble and must be relieved. Diseases are not cured by treating their symptoms or suppressed by doctoring their results. Modern methods of treatment are founded upon a knowledge of cause and effect, and to effect a cure the cause must be removed.

Some Remarks on the Removal of the Tonsils.

In an interesting and valuable paper on the above subject, contributed to a recent No. of The N. Y. Medical Journal, by Dr. John W. Farlow of Boston, the use of the cerascur in the removal of enlarged tonsils is advised. This instrument is to be preferred to the tonsilitome in small throats containing large tonsils by reason of its easy application to the tonsil, and also on account of the freedom from hemorrhage following its use. The wire forming the snare should be No. 5 or 7 steel piano wire, and should be used cold. The writer finds that when the cold wire is used that the adjacent tissues are not injured as they would be if the heated wire were used, and healing is more rapid. In using this method to remove tonsils from children, anaesthesia is required owing to the length of time required to remove the tonsil. If the tonsil be not too large, and the throat not too small, the tonsilitome may be used under cocaine anaesthesia. When the tonsil does not project far enough beyond the pillars to admit of its removal by the snare or tonsilitome a scissor-like punch is made use of to pull the organ from its base and cut it off.

In the judgment of the reviewer, this latter proceeding is, in the vast majority of cases, meddlesome surgery.

My success with Peacock's Chionia has been more than I expected, the patient, a lady, received more help from it than she had from all the medicine she had taken from different doctors in five or six years. I have placed great faith in Peacock's Chionia and I cannot speak in too high terms of its efficacy.

Des Moines, Ia.

S. J. WESTON, M. D.

"Drifting, Who, How, Whither."

Dr. Leartus Connor of Detroit, Michigan, in a paper before the American Academy of Medicine, at Baltimore, Md., May 1895, discussed medical consultations from the stand point of Medical Sociology, under the title of "Driftinig, Who, How, Whither."

He showed that in its very nature, the medical profession was a fellowship of competent, honorable persons. This nature long anterior to the earliest historic times, compelled the profession to scrutenize the credentials of those seeking membership within its fold, and to expell those who had proved false to the Guild's sacred trusts. The present written law of the profession of the United States, was an addition to this old historic professional principle, and is of such recent birth, that many now living, were present at its delivery. The occasion for it, was the notoriously incompetent and dishonorable individuals who had assumed sectarian titles. Because of their character, all sectarians were placed under the ban of the profession, and association with them regarded as derogatory to the medical profession. As time passed on many of these sectarians became well educated and acquired an honorable reputation among large numbers of the people of the United States. It now became a question, whether it was wise, to longer exclude individuals from professional fellowship, solely on account of their ignorance and incompetency which once disgraced them.

He showed that in many directions, the profession has been drifting from this modern written law, to the more ancient and fundamental principle of the "fellowship of honorable persons, thoroughly qualified for practicing the art of medicine." Thus in such State Universities, as, Michigan, the regular faculty teach those whom they know are sectarian students. The New York State Medical Society, has thrown aside all reference to any written law of professional association. Many other large and influential medical societies, have ceased to ask their members to conform to the written law of consultations. Regulars and Sectarians work side by side on boards of health, State and local. Even a committee of its own appointment, reported last year to the American Medical Association in favor of so modifying the written law, as to exclude, incompetent dishonorable persons, without reference to their sectarian names. It is shown that this drifting, was started and is kept moving by forces apart from any set of men; that it is a part of the social development of the nineteenth century; and that it points towards a truer fellowship of the intelligent and good in the medical profession; and that it moves towards the time, when applicants for professional fellowship, will be judged by their individual character, training and life rather than their sectarian names. It is believed that the profession is drifting towards the adoption of a law of consultation somewhat as follows: "Every physician shall be deemed elegi-

ble for consultation, who has shown, that he has had such preliminary training as enabled him to comprehend the study of medicines; has fully mastered the elements of medical science; has complied with existing laws respecting physicians; and who maintains an honorable reputation in the community in which he resides. Of these qualifications, the physicians of his locality shall be the final judges. If these who know him best endorse him, then shall he be freely admitted to medical societies and be eligible for consultations.

Finally if it be impossible for the profession to agree upon such a statement of law, the logic of existing conditions, points to the rejection of the entire written law of 1847, and a complete dependence upon the unwritten law of the preceding centuries—the one now holding sway in all countries except the United States.

Two Cases of Mediastinal Tumor.

Dr. Wm. Krauss read a very instructive paper with this title before the Memphis Medical Society. For the purposes of the paper, the term tumor is meant in its widest sense. Both were diagnosed *post-mortem*, and were of interest for that reason. The histories, early and clinical, were very much alike. The first was believed to be "congestion of the lung," the other "asthma." He is of the opinion that such cases are perhaps not so rare, but, failing autopsies, (which in our section are not often granted) they are mistaken for acute diseases. The first was found to be an enormous sarcoma, filling up all of the thorax not occupied by the (normal) right lung and the dilated pericardium which was full of fluid, and extended as far as the larynx. The left lung was collapsed. Patient was heavy set, thick-necked thus concealing this portion of tumor during life. Sarcoma proved to be mixed-celled, round cells predominating, probably originating in the thymus gland, yet produced no symptoms until 24 hours before death, when dyspnoea set in, destroying the patient. The other, with a similar history and course, was an aneurism of the aorta, weighing $2\frac{3}{4}$ pounds, its cavity holding about half pint. The upper and posterior walls were almost entirely laminated tissue, the proper coats being absorbed. Pressure symptoms destroyed this patient, the true pathology was not suspected until *post-mortem* was made. The author makes a plea for accurate diagnosis, admitting that ante mortem diagnosis would not have saved the patients, but would have been very desirable. The paper is very instructive and may help to clear up puzzling cases in the hands of our readers. For the very accurate and lucid description of the pathologico-anatomical conditions we must refer to the original in the Memphis Medical Monthly.

Opium eaters, in India, average from four to twelve grains of the drug per day.

The Technique of Tenotomy of the Ocular Muscles.

Dr. Leartus Connor, of Detroit, Michigan., in a paper read before the Ophthalmic Section of the American Medical Association, at the Baltimore meeting, urged the following points upon the "Technique of Tenotomy of the Ocular Muscles."

1. A good physical condition of both operator and patient at time of operation.

2. Perfect asepsis, of operator, assistant, patient, instruments and operating room—as called for by modern aseptic surgery.

3. A preliminary study and treatment of the eyes sufficient to determine the exact degree of strabismus, the motility of the eye muscles, the elasticity of the opposing tissues, the kind and degree of ametropia, and the effects of its correction upon the strabismus.

4. A deliberate planning of the tenotomy, so as best to correct the mechanical elements, known to aid in producing or continuing the squint—the lack of power in the opposing muscles and the elasticity of the tissues.

5. Such selection of instruments, as will enable the operator to do the tenotomy with the smallest opening in the conjunctiva and tendinous sheath and to divide the tendon subconjunctivally close to its sclerotic insertion. Clumsy, weak, badly shaped instruments render a clean, nice operation impossible, and are sources of danger—all perforations of the eyeball being traced to their use.

6. Cocaine anaesthesia should be employed in all cases, except the very rare ones in which individual idiosyncrasy necessitates a general anaesthetic.

7. In operating a small horizontal opening is made with the scissors in the conjunctiva and tendon sheath, directly over the centre of the tendinous insertion; then a vertical opening into the tendon itself at its insertion; the remaining halves being divided separately to the outermost extremities by successive clips of the scissors. This method of operating is least liable to disturb the lateral position of the tendon, or any of its connections, either to conjunctiva or sclerotic, which it is desired to retain.

8. Double tenotomy is chosen in preference to a single, conjoined with extensive severing of the tendinous attachments. But if the double tenotomy be insufficient, the attachments of the tendons may be divided so as to produce the desired effect.

9. If the immediate result of the tenotomy, be too great, it is corrected by a conjunctival suture over the site of the operation.

10. If the effects of a tenotomy, and the severing the attachments of the tendon be insufficient, sutures between the sclerotic and commissures can be employed to advantage. Or in the case of divergent strabismus,

where both the externi have been divided the eyes may be turned in to the desired degree by sutures tied over the nose, while the tendons re-attach themselves. Or a careful exercise of the weaker muscles by the use of prisms, after the manner of Dr. Gould, can be made to increase the effect of tenotomies.

11. In tenotomy of the interni, the operator aims to leave a slight convergence, and a motility such that when the eyes are fixed upon an object at seven inches they will not diverge; in tenotomy of the externi there should be slight convergence; in tenotomy of the inferior or superior recti there should be slight under correction, at the first tenotomy, reserving for a second a finer adjustment of the optical axes.

12. When considerable sight remains in the squinting eye, binocular vision should be sought, and in the securing of this, the use of prisms as a guide to the operator in the tenotomy and in estimating the results of the operation, is invaluable.

13. No after dressing is called for, but the eye should be protected from wind and dust by a shade, until the effects of the cocaine have passed away. The healing process is promoted and the comfort of the patient increased by the frequent soaking of the eye in hot water.

14. Practically there are no dangers connected with an ocular tenotomy, provided the operation be done aseptically, the scissors used be sharp, able to cut cleanly to their ends, which are blunt; the light good; the operator in good physical condition, with a distinct idea of each step of the operation on the special case before him; and the wound be protected from infection and unfavorable mechanical conditions.

Diagnosis of the Presentation and the Position of the Fetus by External Abdominal Examination.

A paper with the above title was read at the last meeting of the Kentucky State Medical Society by Dr. Jno. M. Foster, of Richmond, Ky.

He gives a number of cases in which this method was carried out and in only one was it attended with difficulty on account of the tension caused by the amniotic fluid. In one case an occipito posterior position was diagnosed and rectified at the beginning of labor by proper internal and external manipulation. He says:

"The diagnosis of the normal position, right or left occipito-anterior presentation, is comparatively easy, and is determined in the following manner: With the patient in the dorsal position, with the legs flexed, having the abdomen exposed or only covered by a thin garment, we first find the breech by making deep pressure over the uppermost fetal pole with the outer edge of the hand, which is placed transversely to the axis of the patient's body. Having recognized the breech by grasping it as nearly as we can in the palm of the hand, remembering that it is smaller

than the head and less resisting and not so round in outlines, we next pass the palm of the hand along the back of the child (which is recognized by its broad, long and resisting surface) until we reach the anterior shoulder, which is distinguished by its prominence as well as its anatomical characters. Next, to find the head, place the tips of fingers of each hand just above the symphysis pubis somewhat apart, making deep pressure down into the pelvis at an angle of forty five degrees. We recognize the head as being hard and round and by our ability to rotate the same easily, also by finding a sulcus between the head and shoulder. Finding at what point the fetal heart sound is heard most distinctly will assist us still further, as it locates the lower angle of the left scapula, and in a normal presentation should be heard in the lower uterine segment.

Abnormalities in position are recognized by deviations from the above.

Since the original paper was written Dr. Foster informs us that in two of his recent cases the position of the fetus changed during the last two weeks preceeding labor from a normal to an occipito posterior position. These occurred in two women with pelvic measurements above the average. He urges the importance of measurements of the pelvis and a diagnosis of the position of the fetus before labor.

In reporting the case of a woman suffering from Neoplasm in the Stomach, Dr. Ernesto Costa, of Alagna, Italy, says:

"One can easily imagine the intense pain which entirely prevented her sleeping. I tried chloral and sulfonal, and although the latter answered fairly well for a time, it soon became necessary to discontinue it. I then administered Bromidia with the following results:

1. It produced refreshing sleep.
2. It soothed the pain, and thus rendered alleviation possible:
3. Although given in frequent, and sometimes in tablespoonful doses, it never produced any nervous or cardiac disturbance."

Skiascopy and its Practical Application to the Study of Refraction by Edward Jackson, A. M., M. D., 112 pages, Philadelphia, Edwards and Docker Co. This little book treats, in a thoroughly practical manner, of the underlying optical principles, and the application of skiascopy in determining the refraction. The author has devoted much time and study to the subject, and is one of its foremost advocates.

The book is the work of one who is master of his subject, and is so full of practical information that it should be studied by every one at all interested in refraction. The cost is \$1.00.

Two grains of ipecac mixed with an aloetic dose will prevent its irritant action on the rectum.

Hemorrhage Into the Retina and Vitreous in Young Persons Associated with Evident Disease of the Retinal Veins.

Dr. Harry Friedenwald read a paper at the last meeting of the American Medical Association, published in the Journal of the American Medical Association, of October 26th, 1895 on "Hemorrhage Into the Retina and Vitreous in Young Persons Associated with Evident Disease of the Retinal Veins."

In two cases of retinal and vitreous hemorrhages in young persons he found important signs of disease in the retinal veins. The most important of these were small, round varices. In the first case there were at first retinal and subsequently vitreous hemorrhages which destroyed sight, but which subsequently cleared up only to recur.

One of these cases presented an example of the interesting type of subhyaloid hemorrhages. It was at first situated above the macular region but gradually sank to a region below the macula, and in so doing, it curved around the macular reflex in so difficult a manner as to clearly demonstrate the intimate union between the retina and the hyaloid membrane around the macula, a question about which varying opinions have been expressed.

This observation was unique; no similar case having been reported in the literature of the subject.

Another observation of interest was the development of fine blood vessels in the vitreous, which gradually increased and ultimately grew into large connective tissue masses. (Retinitis proliferans).

Inasmuch as both cases presented marked evidence of vascular disease the author is inclined to the view that hemorrhages of the retina and vitreous in young persons may often be due to similar conditions.

Further observation will prove or disprove this view.

It is but proper to mention that a careful search has not resulted in finding any description in literature quite comparable to that observed in the cases reported.

Dr. Wenzel (Virginia Medical Monthly) describes a case of "Hydramnios, Twins, Miscarriage, Uterin Inertia, Hemorrhage, Recovery—Remarks," in a li para, who consulted him in January, for constant nausea and frequent vomiting in her third pregnancy, expecting to be confined in July. Her general health was good, the functions normal. Regulation of her diet and a few mild remedies checked the nausea and vomiting.

Two months later her abdomen had attained the size of "at term," but her health, functions, sleep, appetite, remained normal, she was free from headaches or oedematous ankles. Her bowels and kidneys were closely watched and her diet guarded.

By April 14th her appetite was still good, but her belly had assumed monstrous proportions the abdominal wall being stretched to its utmost, the skin was tense and shining, and the navel extruded like a Bartlett pear; there was an immense succussion wave. The external genitals were normal, the os high up posteriorly admitted a finger; no fetal parts could be made out, nor could fetal or uterine motion be determined. She was very dyspnœic and her heart accelerated, the ankles swelled during the day subsiding at night; no albumin. She was advised to keep quiet, as she would probably soon miscarry from the excess of liquid, and probably twins, in the fetal membranes.

Breathing became laborious, the feet swelled more, the abdomen grew larger until three days later at 10 P. M. regular labor pains set in, and at midnight the membranes were ruptured, collapsing the abdomen at once, which relieved the dyspnœa. Thirty minutes later, twins, females, were born, the first, dead, apparently 4 months had a 24 inch cord with 10 tumors, from a hazelnut to a goose egg, filled with sero-gelatinous fluid; the second gasped a few times, was twice as large as the first, about 6 month fetus, weighing about $1\frac{3}{4}$ to 2 pounds, its cord was two feet long, normal. The amniotic fluid caught in a small bath tub measured $3\frac{1}{2}$ gallons, as much was lost in the bedding, carpets and floor.

Complete uterine inertia followed the rapid evacuation of the over-distended organ, lasting about an hour, followed by spasms, hourglass contraction and hemorrhage when the placenta were manually removed. After intra-uterine and extra-abdominal pressure and three teaspoonfuls of normal ergot, the uterus finally contracted down.

She was considerably prostrated for several days and annoyed by afterpains but T. never rose above 100°F . nor the P. over 76 . Her breasts became very full of milk and quite sore and swollen, which quickly subsided under camphorated oil. Since then her health has been excellent.

The Doctor then discusses hydramnios: a dropsy of the amnion caused by excessive secretion from the fetal membranes, occurring once in a hundred cases. The quantity of liquid varies from two quarts to many gallons. It may be acute or chronic. In the acute form pregnancy never goes to term; in the chronic form the children may be born alive, but are mostly small, puny, or deformed. Hydramnios has a pathogenesis like all other dropsies—impeded circulation. These factors may be attributed to the fetus, syphilis, twins; malformation or vices of fetal development. The first has no bearing on this case, but both twins and malformation (of cord) are present. Hydramnios caused over-distension, over-distension produces paresis or paralysis of the uterine walls and here lies the danger of unexpected hemorrhage which, unless carefully guarded against, will be fatal to the patient and a chagrin to the obstetrician.

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A VITALIZING, NUTRITIVE TONIC,

This preparation combines the specific properties of fresh Saw Palmetto Berries, with the nutrient and tonic qualities of the Hypophosphites of Iron, Lime, Potash and Manganese, and is entitled to rank as the most valuable agent in reconstructive and invigorative therapy.

Each Fluid Ounce contains :

Saw Palmetto Berries, fresh,.....	120 grains
Hypophosphite Lime,.....	1½ "
Hypophosphite Iron, Potash and Manganese, each,	1 grain.

Saw Palmetto has a pronounced action upon the glands of the reproductive organs, tending to increase their activity and promote their secretive faculties. It has recently come into great prominence with the profession as a most valuable remedial agent in prostatic troubles, presenility, difficult micturition, irritated bladder and inflammation of the Urethra.

Combined with the PURE SALTS of Hypophosphites its stimulating and soothing influence over the mucous membranes of the respiratory and the intestinal tract, render it a very valuable remedy in the treatment of chronic Bronchitis, Catarrhal, Scrofulous and Tubercular affections. It relieves coughs, improves the appetite and aids digestion.

DOSE.—One to two teaspoonfuls, or as directed by the physician.

PALMETTINE HYPOPHOSPHITES WITH COD LIVER OIL.

The disagreeable taste of both the Cod Liver Oil and the Saw Palmetto are completely disguised without sacrificing in the smallest degree the medicinal virtues, and the combination is identical with our PALMETTINE HYPOPHOSPHITE, with the addition of 25 per cent. of Cod Liver Oil as represented by its active principles.

We confidently believe this combination will be found to be the most superior remedy in lung and throat affection.

Dose same as Palmettine Hypophosphite.

 Reports of Cases, and Correspondence Invited.

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POSSESSES REMARKABLE REPARATIVE AND RECONSTRUCTIVE POTENCY IN THE FOLLOWING AILMENTS:

In Chronic Bronchitis and Incipient Phthisis, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, **FIRWEIN** does not impair, but instead, strengthens and improves digestion and assimilation; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

In Chronic Cystitis, **FIRWEIN** may be regarded as almost a *SPECIFIC*. No class of ailments give the Physician more annoyance than old chronic bladder troubles, that persist in spite of treatment, perhaps for years. If you will try it in a case of this kind, you will be a friend of **FIRWEIN** for the rest of your life, and your patients will rise up and call you blessed.

In Nasal, Paryngeal and Laryngeal Catarrh, **FIRWEIN** given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it!

DOSE.—One to two teaspoonfuls 3 to 6 times daily. *For Spraying.* Add one part of vaseline or petrolatum oil to three parts of **FIRWEIN**, and use warm. *For Persistent Coughs.* Add one dram Opii Deod. to 4 ounces of **FIRWEIN**.

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The Indications for, and the Advantages and Technique of, Muscle Shortening.

G. C. Savage, M. D., Nashville, Tenn., in a paper read at the American Medical Association, taught that muscle shortening was indicated in all cases of heterotropia regardless of the direction or extent of the turning. He stated that shortening alone would, in many cases, effect a complete cure of the squint, while in many other cases the shortening should be associated with a partial tenotomy of the stronger muscles. In all cases of heterophoria not cured by a partial tenotomy done but one time on any one muscle, the remainder should be corrected by shortening the weaker muscle or by rhythmic exercise when possible. He taught that the only operation indicated in exophoria with less than 8° of abduction power is the shortening operation. He likewise taught that the low degrees of esophoria should be treated by a shortening of the external recti alone. In hyperphoria not reduced to 2° or less by a partial tenotomy of the superior rectus of the hyperphoric eye, he taught that the inferior rectus of the same eye should be shortened. In speaking of the indications, he concluded by stating that in all cases where shortening was indicated, except in hypertropia and hyperphoria, the operative effect should be equally divided between the corresponding muscles of two eyes; that the superior and inferior recti of the cataphoric eye should be operated on rarely, if ever; that since partial tenotomies and shortening can effect so much, a complete tenotomy of an ocular muscle cannot be often indicated. The advantages, he claims, of shortening a muscle over an advancement, as formerly practiced, consists of the great ease with which the former operation is done, and the great comparative freedom from danger of effecting any torsion of the eye, which is so likely to occur in an advancement; and if the knot should become untied in the shortening operation the patient's condition would not be worse after than before, which cannot always be said when the same accident happens in the case of advancement. The knuckle formed by the folding soon disappears by absorption. In speaking of the technique of muscle shortening, he gave his method of operating, which he practiced for some time after he introduced the operation. At the suggestion of Dr. Tenney, of Boston, he has adopted a modification which makes the operation much easier, without lessening at all its effectiveness. The modification consists in making a horizontal cut through conjunctiva and capsule of Tenon at the lower border of the muscle, from its tendon insertion back as far as the operator may deem necessary. Through this horizontal slit two strabismus hooks are passed, one beneath the tendon at its incision, beneath the muscle. By means of these hooks the muscle is elevated, when a needle armed with one thread is made to penetrate the conjunctiva, the capsule and the tendon at its insertion and nearer the upper border. The needle is then carried back beneath the muscle, and parallel with the hori-

zontal meridean of the eye, until the point is reached through which the operator desires to have the needle make its exit, when it is brought through the muscle, capsule and conjunctiva. The posterior hook is now withdrawn from beneath the muscle and is passed between the conjunctiva and capsule and the needle is made to re-enter the opening just made in the conjunctiva, and is brought out through the horizontal cut beneath the muscle, between the conjunctiva and capsule. The lower border of the muscle is now raised by the hook or fixation forceps, and the needle is made to penetrate the capsule and muscle without in, and is again brought out through the cut in the capsule. This leaves a loop of thread over the capsule and muscle and beneath the conjunctiva. The needle is now passed beneath the tendon at its insertion, and is made to penetrate it within out, nearer its lower border, and is brought out through the conjunctiva at a point in line with the first puncture, and about one-eighth of an inch distant. The needle is now removed and the surgeon's knot is tied, by means of which that part of the muscle beneath the loop is brought forward in contact with the inner part of the tendon insertion. The suture is allowed to remain from four to six days, when adhesive inflammation has fixed the muscle in its new relation. The author of the paper believes that the suture plates recently invented will be of great service in performing this operation.

Topical Action of Salol.

Colombini has been experimenting with salol dissolved in liquid vaseline. In the presence of alkaline fluids or living tissues salol appears to break up into salicylic acid and phenol in the nascent state. When split up in this way the author found that, whilst the good antiseptic action of each of the acids was maintained, their irritant action was absent either from the way in which they were set free or from the small quantities of the acids evolved. Clinically it was found that salol in vasceline solution—the best solvent—did not irritate the skin nor inflame ulcerated surfaces which healed under the treatment without pain or local reaction. The author thinks there may be a useful field opened up in the local application of salol as a non-irritating and sufficiently powerful antiseptic.

Artistic.

Our readers will notice the artistic advertisement in this issue of "Dioiburnia," the most powerful uterine tonic attainable, Anti-Spasmodic and Anodyne, which has simplified the practice of Gynecology. A reliable and trustworthy remedy for the relief of dysmenorrhœa, Amenorrhœa, menorrhœa, leucorrhœa, sub-involution, threatened abortion, vomiting in pregnancy and chlorosis; directing its action to the uterine system as a general tonic and anti-spasmodic. It is unexcelled. This product being manufactured by the well known Dios Chemical Co., of St. Louis, is sufficient guarantee of its reliability.



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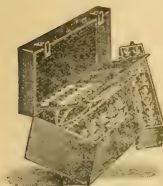
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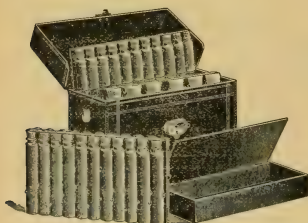


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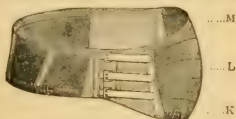
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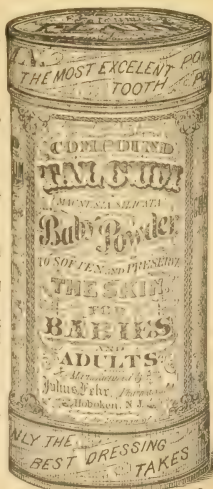
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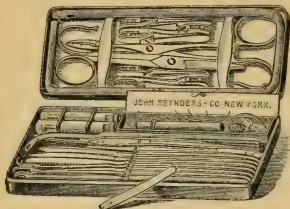
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